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UNIVERSITY OF ALBERTA

EVALUATION OF THE SHORT TERM IMPACT OF NURSING REFRESHER PROGRAMS

BY

GLORIA J. MCKEE

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR

THE DEGREE OF MASTER OF EDUCATION

IN

ADULT AND HIGHER EDUCATION

DEPARTMENT OF ADULT, CAREER AND TECHNOLOGY EDUCATION

EDMONTON, ALBERTA

SPRING, 1990

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THE UNDERSIGNED CERTIFY THAT THEY HAVE READ, AND RECOMMEND TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH FOR ACCEPTANCE, A THESIS ENTITLED Evaluation of the Short Term Impact of Nursing Refresher Programs SUBMITTED BY Gloria J. McKee IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF Master of Education.

D. A. MacKay

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Date: April 6, 1990

ABSTRACT

The purpose of this evaluative study was to identify the short term impact of Alberta Nursing Refresher Programs on graduates re-entry into nursing practice. In addition, the study wished to determine how the re-entry process varies with prior nursing experience and length of professional inactivity. A theoretical model by Yeaw (1987) provided the framework for the evaluation and the focus was on the consequence (outcome) component of the model.

Data were collected using two questionnaires adapted from those developed by Moore and Thurston (1983). The questionnaires were sent to Alberta nursing refresher graduates of 1987 and 1988, and their first post-program supervisors. Each of the questionnaires asked employment information and information related to graduate job performance. Demographic information was also obtained from the graduates. Data from 89 completed questionnaires (57 graduates and 32 supervisors) were analyzed using the Statistical Package for the Social Sciences (SPSSx). Frequency and percentage distributions, cross-tabulations, Chi-square tests, and content analysis were applied to the data.

Analysis of the data indicated that Alberta Nursing Refresher Program graduates return to nursing practice and have no difficulty finding employment in nursing. The majority of graduates are employed on a part-time casual basis in a general hospital medical/surgical area.

Graduates and their supervisors reported that they were theoretically and clinically well prepared for nursing practice. Performance strengths included basic assessment and nursing care skills

related to a sound theoretical base and personal and professional attributes. Performance weaknesses included difficulties with "new" technology and equipment utilization.

Initial difficulties in job performance were related to a lack of confidence and feelings of inadequacy. Graduates identified the importance of a supportive environment for successful re-entry to nursing practice. Supervisors identified that graduates require "one-to-one" orientation initially but also reported that refresher graduates make unique contributions to nursing practice.

Previous nursing experience was found to be more significantly related to successful re-entry into nursing practice than length of time away from nursing.

Graduates and their supervisors are positive in their support of Alberta Nursing Refresher Programs.

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CHAPTER I

STATEMENT OF THE PROBLEM AND ITS SIGNIFICANCE

Introduction

> Recredentialing education or refresher nursing programs prepare a nurse for re-entry into nursing by updating her knowledge and skill to the level of at least the beginning practitioner in nursing. This practitioner will have the ability to learn and continue learning; be confident in her own ability to practice; be aware of her strengths and deficiencies; and be able to select resources to enhance strengths and remedy deficiencies. (Alberta Association of Registered Nurses, 1987, p. 2)

Re-entry into the nursing profession requires the updating of theoretical knowledge and clinical knowledge development (clinical skills). This is of special significance to the profession because the predominantly female membership results in a constant movement into and out of active practice. Historically the returning nurse was hired and retrained on the job. Changes in nursing practice and responsibilities, health care economics, and consumer demands have made this unsatisfactory.

In accordance with the Alberta Association of Registered Nurses (1987) Standards for Nursing Refresher Programs, Grant MacEwan Community College and the University of Alberta Hospitals are committed to providing educational programs which meet recredentialing needs within the profession, as well as recruitment needs within the province of Alberta and in the wider community (see Appendices A and B). At present these are the only two nursing refresher programs offered in Alberta.

Current Alberta Nursing Refresher Programs

The University of Alberta Hospitals has administered a Nursing Refresher Program for 25 years (the program enjoys the tradition of being the longest running nursing refresher program in Canada). The program is eight weeks in length and is structured with set classroom and clinical time. As the focus of the program is adult medical-surgical nursing, clinical practice is provided on adult medical and surgical nursing units. Enrollment is limited to 12 students per program and two programs are offered per year. The majority of participants in this refresher program are from the city of Edmonton, and surrounding areas (University of Alberta Hospitals Nursing Education and Research Department, 1988).

Grant MacEwan Community College commenced its modularized distance delivery program in 1981. Students complete the theoretical component of the program at their own pace and may negotiate their choice of clinical areas (throughout Alberta). A community health component is offered for nurses who were previously employed in this area. Students have one year to complete this program (Grant MacEwan Community College, 1988).

Significance of the Study

Spiralling health care costs and shortages of qualified nursing personnel, especially in critical care areas, have forced health care administrators and educators to closely examine educational programs for nurses active within the profession, and those who are inactive but wish to return to nursing. "According to the UNA (United Nurses of Alberta), there are 548 vacant nursing positions in Alberta's hospitals" (Harvie, 1989, p. 37). Traditionally problem-solving for nursing shortages has

focused on recruitment strategies. The recruitment of inactive nurses in Alberta is the focus of Alberta Nursing Refresher Programs. There is a need, however, for evaluation of the nursing refresher programs in terms of professional outcomes. Issues such as refresher graduate job placement and job performance must be examined in order to assess the value of these retraining programs to the health care system in general and to the nursing profession in particular.

A recent decision by the Alberta Department of Advanced Education (Spring, 1988) to discontinue funding to nursing refresher programs has forced institutions to closely examine their financial commitment to such programs. Grant MacEwan Community College Nursing Refresher Program is funded on a cost recovery basis whereby student tuition fees cover operating costs. The University of Alberta Hospitals does, however, partially fund its nursing refresher program. Information regarding the impact of refresher programs on graduates' job selection and job performance will assist decision makers regarding the future of such programs. "Follow-up studies on program graduates provide one useful source of performance information" (Elliott, 1982, p. 4).

Purpose of the Study

The purpose of this study was to identify the short term impact of Alberta Nursing Refresher Programs on graduates' first job selection and first job performance appraisal, and to determine how this varies with prior nursing experience and length of professional inactivity.

Analysis of the data was used to answer the following research questions about Alberta Nursing Refresher Program graduates:

1. What areas of clinical practice do Alberta Nursing Refresher Program graduates choose for their first job following program completion?

2. What appraisal do Alberta Nursing Refresher Program graduates give to their job performance six months following commencement of their first job following program completion?

3. What appraisal do supervisors give to the job performance of Alberta Nursing Refresher Program graduates six months following first job commencement?

4. What is the relationship between Alberta Nursing Refresher Program graduates' job performance self-appraisal and the two variables (a) length of prior nursing experience and (b) length of time away from nursing?

5. What is the relationship between Alberta Nursing Refresher Program graduates' job performance self-appraisal and the job performance appraisal of their supervisors?

Definition of Terms

Nursing refresher program. An educational program which prepares a nurse for re-entry into nursing by updating her knowledge and skill to the level of at least the beginning practitioner in nursing (Alberta Association of Registered Nurses, 1987).

Nursing process. A problem solving approach to patient care made up of the following components: (a) data collection, and problem identification; (b) goal setting and care planning; (c) intervention; and (d) evaluation (Luker, 1981).

Theoretical knowledge. "A formal statement of the necessary and sufficient conditions for the occurrence of real situations" (Benner, 1984, p. 298).

Clinical knowledge development. "Examination and description of practical knowledge or know-how gained from clinical experience" (Benner, 1984, p. 292).

Professional inactivity. Length of time away from nursing practice and during which an individual has not maintained active registration with the Alberta Association of Registered Nurses.

Casual. Part-time employment which does not require, nor guarantee, minimum hours of work per pay period.

Delimitations

1. This study did not assess Nursing Refresher Program graduates who were ineligible to receive full registration from the Alberta Association of Registered Nurses (e.g., those individuals who must complete national registration examinations or examinations in Test of English as a Foreign Language).

2. Permission was requested from Nursing Refresher Program graduates to contact their first post-program job supervisors. Only those supervisors for whom permission was granted were contacted.

3. This study limited its evaluation of short term impact of Alberta Nursing Refresher Programs to a six month period following graduates' first job commencement.

4. This study focused on the impact of Alberta Nursing Refresher Programs on graduates of 1987 and 1988.

5. This study did not compare performance outcomes of the two Nursing Refresher Programs studied.

Limitations

1. This study investigated Nursing Refresher Program graduates from Grant MacEwan Community College and University of Alberta Hospitals from 1987 and 1988. The findings may not be generalizable to other nursing refresher graduates; any generalizations beyond this study, therefore, must be undertaken with caution.

2. Graduate and supervisor questionnaires were used to collect data about selected aspects of graduates' theoretical and clinical preparation for nursing practice. Data were constrained by questionnaire format and limited by forced choice responses.

3. Graduates' willingness to submit their supervisors' names may have been influenced by the graduate-supervisor relationship. Therefore, bias may have existed in the supervisors' responses.

4. Data were collected from post-program evaluations from the University of Alberta Hospitals Nursing Refresher Program; comparable documents did not exist from the Grant MacEwan Community College Nursing Refresher Program. The findings may not be generalizable to both nursing refresher programs.

Assumptions

1. The first assumption is that Alberta Nursing Refresher Program graduates and their supervisors who agreed to participate in this study responded honestly and to the best of their abilities.

2. The second assumption is that nursing positions were available for graduates of Alberta Nursing Refresher Programs during 1987, 1988 and 1989.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

This review of the literature provides the background, guidelines and framework for the design, plan and implementation of this evaluation study. The review consists of four sections. In the first section evaluation theories and models are discussed and analyzed as they relate to the theoretical framework for this study. The second section discusses the concept of program evaluation. In the third section evaluation studies within nursing education are reviewed. Section four discusses nursing refresher programs, their rationale, participant characteristics, and professional outcomes.

Evaluation Theories and Models

"Frameworks and models enhance understanding. They provide the mechanism through which concepts are clarified, relationships are shown, and areas of inquiry become more evident" (Gosnell, 1984, p. 9). Evaluation, as applied to educational curricula and continuing education, had its origins as a theoretical construct almost four thousand years ago with Chinese officials who conducted civil service examinations. In North America, however, educational evaluation was not noted until the late nineteenth century when standardized evaluation techniques became popular in North American school systems. Current evaluation frameworks originated in the 1950s as a response to several social developments "that clearly contributed to the clamor for evaluation of educational endeavors" (Popham, 1975, p. 3). Dissatisfaction with public education, federal expenditures on major

curriculum projects, dwindling public financial resources and the trend to decentralization, resulted in a demand for accountability which increased the need for educational evaluation.

"Many of the evaluation theorists emerged in the late sixties, with the exception of Ralph W. Tyler" (Yeaw, 1987, p. 123), who initiated an eight year evaluative study in 1933. When the study was completed, Tyler was regarded as the father of educational evaluation. Tyler emphasized the importance of educational goals and behavioral objectives. "All aspects of the educational program are really means to accomplish basic educational purposes. Hence, if we are to study an educational program systematically and intelligently we must first be sure as to the educational objectives aimed at" (Tyler, 1949, p. 3). His definition of the evaluation process emphasized a congruence between performance and objectives and provided a foundation upon which later evaluation theorists built.

Michael Scriven (1966) sets forth his evaluation theories in his paper "Methodology of evaluation" in which he introduces the concepts of formative and summative evaluation, payoff evaluation and goal-free evaluation. Formative evaluation occurs during an educational program while summative evaluation takes place after the program has been completed, with an examination of outcomes. Scriven values both approaches as they lead to program improvement and does not assert the greater importance of one over the other. "Educational projects, particularly curricular ones, clearly must attempt to make best use of evaluation in both these roles" (Scriven, 1966, p. 7).

The concept of payoff evaluation distinguishes between instrinsic (internal) characteristics of an educational program and extrinsic

(payoff) effects. Scriven (1966) acknowledges the value of both approaches and states "the possibility obviously emerges that an evaluation involving some weighting of intrinsic criteria and some of pay-off criteria might be a worthwhile compromise" (p. 25).

Scriven's concept of goal-free evaluation focuses on the outcomes of a program, either intended or unanticipated (Yeaw, 1987). He recommends this approach be utilized as a supplement to goal-based evaluation so as not to exclude outcomes that were unintended, yet worthy of consideration.

The second modern evaluation theorist to be discussed in relation to the theoretical framework for this evaluation study is Robert E. Stake. Stake (1967) asserts that description and judgment are the two basic acts of evaluation. Implicit in the philosophy of Stake (and Scriven) is that the evaluation act is an assessment of merit. The evaluator, however, destroys his/her objectivity and usefulness if he/she makes a decision based on this assessment of merit.

"Whether the immediate purpose of evaluation is description or judgment, three bodies of information should be tapped. In the evaluation report it can be helpful to distinguish between antecedent, transaction, and outcome data" (Stake, 1967, p. 112). Antecedent or entry behaviors exist prior to teaching and learning and may relate to outcomes. Transactions are the students' countless succession of engagements which comprise the process of education, while outcomes include measurements of the consequences or impact of education. Transactions are dynamic whereas antecedents and outcomes are relatively static.

Within the framework of description and judgment mentioned in the preceding paragraph, the description matrix includes intents and observations while the judgment matrix includes standards and judgment. Descriptive data are processed by finding the contingencies among antecedents, transactions and outcomes, and finding the congruence between intents and observations. Judgment data are processed with respect to absolute standards as reflected by personal judgments, and with respect to relative standards as reflected by characteristics of alternative programs. The final characteristic of Stake's evaluative model to be considered within this discussion is the importance of a statement of rationale which reflects the philosophic background and purposes of the educational program.

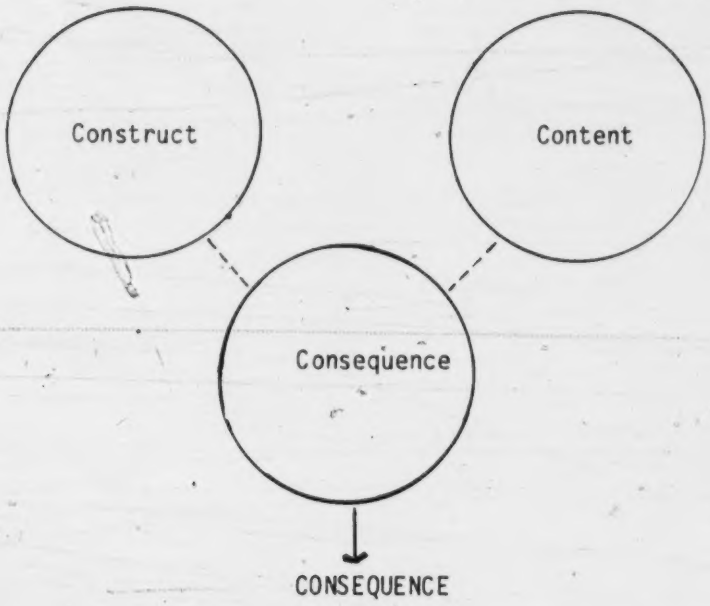
"Building on the concepts of Tyler, Scriven and Stake, another model to aid in evaluation has been developed by Stufflebeam" (Yeaw, 1987, p. 125). His definition of evaluation as "the process of delineating, obtaining, and providing useful information for judging decision alternatives" (Stufflebeam, 1971, p. 129) puts an emphasis on the provision of information to decision makers. This model links types of educational decisions with corresponding evaluative forms. Context evaluation focuses on planning decisions. Its purpose is to provide a rationale for determination of objectives. Input evaluation focuses on structuring decisions and provides information for determining how to utilize resources to meet the goals. Process evaluation provides feedback to persons responsible for implementing plans and procedures. Product evaluation measures and interprets attainments and is used for recycling decisions to continue, terminate, modify, or refocus the change process.

"The theoretical framework which best lends itself to the principles of conceptual clarity, relationship, and inquiry are the components of construct, content, and consequences" (Yeaw, 1987, p. 127). Based on the evaluation theories which have been briefly discussed in this section, Yeaw developed a theoretical model which has proven useful for evaluation of continuing education programs (see Figure 1). The components of the model are construct, content and consequence and respectively answer the questions: How did the learner learn? What did the learner learn? and What did the learner do with what he/she learned? Yeaw's model provides the direction and framework for this evaluation study in which the focus is on consequence. Figure 1 represents a description of the consequence component, substantiated by concepts of the theorists--Tyler, Scriven, Stake, and Stufflebeam.

Program Evaluation

"The success of any evaluation rests solely on its ability to generate information that will be useful in decision making" (Waltz & Bond, 1985, p. 258). Whether the focus of this information is description or an assessment of merit, the more comprehensive the approach the greater is its usefulness. Ideally a program evaluation should consider input, process and outcome or, as stated according to the theoretical framework for this study, construct, content and consequence. Efficiency and relevancy, however, must be considered and the most efficient and meaningful evaluation focuses upon the information needed by decision makers. "It is highly undesirable and most inefficient to attempt to assess everything in regard to a given objective and/or evaluation question. Hence, only factors crucial to making judgments should be considered" (Waltz & Bond, 1985, p. 260).

Figure 1. Theoretical framework.



(What did the learner do with what he/she learned?)
Does the evaluation tool include:

- cognitive skills
  - paper/pencil
  - case study
  - other
- attitude
  - likert scale
  - other
- psychomotor
  - return demonstration
    - actual
    - simulated
  - video tape
  - one-way mirror
  - other

Stufflebeam "product evaluation"

Extent to which program objectives met - (Scriven - "achievement")
Extent to which learner objectives met - Scriven - "pay off")
differential among:

- immediate
- long range
- application
- transfer

Stake - "outcome"

Tyler "congruence between performance and objectives"

Source: Yeaw, 1987, p. 125.

Schneider (1985) agrees, in her comments on the politics of program evaluation when she quotes from Marshall (1985):

> The salience and validity of evaluation, then, depends on its ability to make sense within the dominant conceptualization of the problem and connect with the values of those who have the power to define the problems and range of options for action (p. 411).

Faulk (1984) concurs with Stufflebeam's concept of evaluation as enlightened decision making. She states that "program evaluation is making a decision about the program's effectiveness and efficiency based on organized collection and analysis of information" (p. 140). This information is used in program management and future planning and is useful in providing external accountability to decision makers.

Meleis and Benner (1975) discuss the appropriateness of evaluative procedures and distinguish between product and process evaluation. "Product evaluation is concerned with outcomes--that is, it measures or evaluates the end product of a program of undertaking" while the purpose of process evaluation "is to guide and enhance new programs by providing continuous, ongoing evaluation that may lead to necessary changes in some program elements" (Meleis & Benner, 1975, p. 303). Product evaluation offers valid and reliable information about the consequences of a program. It is appropriate for an evaluation study whose purpose is to judge the efficiency and efficacy of a program, especially when there is a question as to whether or not the program should be continued. Process evaluation, on the other hand, provides immediate information on current and potential program defects and gives guidance for appropriate modifications.

Both product and process evaluation are important and it would seem pointless to speculate on the relative merit of one over the other. The importance, however, of using both types, each providing different information, would support this Nursing Refresher Program (NRP) product evaluation study as well as the process evaluation recently completed on the nursing refresher program by Barabash-Pope (1990).

Bloch (1975) describes five types of process-outcome-type studies "in which the study of process is related to the study of outcome" (p. 258). In Type I studies the outcomes of a total program are evaluated; the program structure is known, but specific program (process) data are not collected. Klerman, Jekel, Currie, Gabrielson, and Sarrel (1973) refer to Type I evaluation studies as "'program testing', which is evaluation of a total service product" (p. 1046). They distinguish program testing, from "'variable testing', which is evaluation of specific components of a program" (p. 1046). Luker (1981) supports evaluation (in nursing) which encompasses both process and outcome. She states that the results of outcome evaluation "can be dangerously sterile, because when process is not also examined one cannot know what caused the favourable outcomes" (p. 92).

Evaluation Studies in Nursing Education

Current literature in the field of continuing nursing education reveals an increasing number of evaluation studies. Two problems, however, have been identified with many of these studies. Yoder Wise and Cox (1984) state "in reviewing the continuing nursing education literature, it is fairly easy to find course evaluation tools and results; however, it is difficult to locate much about program evaluation" (p. 117). Gosnell (1984) comments on the second problem

with many nursing evaluation studies. "One distinct gap in the majority of these studies, however, is the use of an identifiable conceptual framework or model" (p. 9).

Literature reveals two alternatives in the provision of a model through which concepts can be clarified and relationships shown in an evaluation study. In the first instance an existing model, which fulfills program evaluation needs, is chosen. The Countenance Model by Stake was chosen by Yoder Wise and Cox (1984) as the basis for the evaluation of the Continuing Nursing Education Program at Texas Tech University Health Sciences Center. They state that "the need to document the effects of continuing education necessitates the ability to make clear evaluative statements" (Yoder Wise & Cox, 1984, p. 118) and that Stake's model provides a systematic approach for such program analysis.

Tarcinale (1988) also chose Stake's Countenance Model as a conceptual framework for the evaluation of inservice offerings. Tarcinale (1988) states:

> The final outcome of a program evaluation is the judgment (decision) about the effectiveness of the program. This is achieved by applying a systematic, formal assessment to all facets of the instruction in order to draw conclusions and make decisions regarding the effectiveness of the program (p. 98).

The second approach to the provision of an evaluation model (framework) is to build upon the works of others in the development of one's own conceptual framework. The framework by Yeaw chosen for this evaluation study reflects such an approach. Gosnell (1984) as well,

drew upon previous works in the development of her four-stage model for the classification of continuing nursing education evaluation. Stage I involves the evaluation of the participants' perceptions, opinions and attitudes about a continuing education event--this is sometimes referred to as the happiness index. Stage II refers to measurable changes which occur (objective data) while Stage III attempts to determine the extent to which participants' behavior has changed as a result of the continuing education experience. Stage IV seeks to determine the overall efficiency, effectiveness, adequacy, and appropriateness of a program of continuing education.

Holzemer (1988) built upon the components of Chater's (1975) model in the development of a conceptual framework appropriate for the evaluation of individual continuing education offerings. The dimensions of context, process and product are added to Chater's components, which are the subject, setting and students. The resulting 3-by-3 matrix provides an organizational framework for examining common practices in the evaluation of continuing education (see Figure 2).

Holzemer also provides useful definitions of continuing education and evaluation, which have particular relevance to this proposed evaluation study. Continuing education is defined as "Programs of short-term study offered by higher education institutions, employing agencies, or professional societies for updating practitioners' knowledge of skills" (Schlotfeldt, cited in Holzemer, 1988, p. 148). Evaluation may be defined as a process of description and judgment, conducted for the purpose of determining program effectiveness and/or improving a program itself" (Holzemer, 1980, p. 33). Holzemer (1988) also makes an important distinction between overall program goals and

Figure 2. Continuing education evaluation framework.

Continuing Education Evaluation Framework

Chater's	Context	Process	Product
Subject	1. Goals/ Objectives	2. Project Monitoring	N/A
Setting	3. Resources	4. Utilization	N/A
Students	5. Entering Ability	6. Happiness Index	7. Learning Outcomes

Source: Holzemer, 1988, p. 149.

specific program objectives in relation to the evaluation process when he states "to attempt to evaluate the effectiveness of meeting the goals--rather than the objectives--is often a research project and not an evaluation project" (p. 149).

Luker (1981) also makes a distinction between evaluation and evaluative research. She describes evaluation as a process of assessment or appraisal of worth which does not presuppose any systematic procedures for collecting objective evidence. Evaluative research, however, "refers to those procedures for collecting and analysing data which increase the possibility for proving rather than describing the worth of some social activity" (p. 87).

Nursing Refresher Programs

"The purpose of a nursing refresher course, first and foremost, is to prepare nurses to re-enter the professional job market" (Kalnins, 1986, p. 12). There are many reasons why nurses who have been inactive are returning to the profession. The economic necessity of a two-income family, the rise in single-parent families and the women's movement are some of the common reasons cited for re-entry into the nursing profession. The much-documented nursing shortage has been an incentive for the development of refresher programs. "In recent years, much national attention has been focused on what appears to be a critical shortage of nurses, particularly hospital-based nurses in the United States" (Aiken, Blendon, & Rogers, 1981, p. 1612). Aiken et al. (1981) explore possible reasons for this perceived nursing shortage and conclude that "there has been a steady decline in the rate of growth in nursing school graduates since 1974" (p. 1617). Inactive nurses are being identified as a resource to fill vacant nursing positions and

employers "see refresher programs as an inexpensive and productive recruitment strategy" (Curran & Lengacher, 1982, p. 29).

In commenting on the chronic manpower shortage within occupational therapy, Polatajko, Wright, Clancy, LeBlanc, and Vanhook (1987) state "as several authors have suggested, refresher education, the preparation for re-entry of professionals who have left a field of practice, should be a priority for any health profession experiencing manpower shortages" (pp. 23-24). Their conclusion, based on the nursing experience, is that greater efforts should be directed towards bringing inactive professionals back into the work force.

The nursing profession has been faced with an explosion of technology and consequent changes in nursing practice. This has resulted in an increased emphasis on professional continuing education. "The expansion of nursing knowledge has created feelings of obsolescence among many nurses. Some nurses seek to acquire their continuing education through refresher/re-entry programs" (Curran & Lengacher, 1982, p. 29).

The issue of retraining prior to re-entering the nursing profession has been addressed in Alberta since the 1960s when an increased number of married nurses returned to the work force. In 1973, the Alberta Association of Registered Nurses (AARN) elected to make retraining mandatory for all those nurses who had been inactive for five years or more and who wished to return to practice. "Successful completion of a Refresher Course has, since 1973, been accepted as evidence of current competency to practice and therefore eligibility for re-registration with the Association" (Moore and Thurston, 1983, p. 2).

Nursing Refresher Students

Just as the motivational characteristics of refresher students vary greatly, so too do their backgrounds and plans for the future. "Length of unemployment, age, basic educational preparation, and nursing experience of inactive nurse students all vary so greatly that it is impossible to generalize about the identity of the learner" (Curran & Lengacher, 1982, p. 31).

As learners, refresher students have some unique characteristics, some of which can hinder the learning process while others contribute to their success in a program. As adult learners, however, nursing refresher students portray many of the characteristics of other adult learners. Knowles (1980) states that these characteristics are based on the following assumptions that as individuals mature:

> (1) their self-concept moves from one of being a dependent personality toward being a self-directed human being; (2) they accumulate a growing reservoir of experience that becomes an increasingly rich resource for learning; (3) their readiness to learn becomes oriented increasingly to the developmental tasks of their social roles; and (4) their time perspective changes from one of postponed application of knowledge to immediacy of application. (p. 44-45)

Curran and Lengacher (1982) agree and state that refresher students are self-directing individuals and as adult learners will resist when they are placed in dependent roles. They may, however, lack self-confidence in the new learning experience and they may find role strain in coping with both career and family. Reed (1986) cites role conflict and lack of confidence as factors that can hinder the learning

process, while self-directedness and previous life and clinical experiences can be great resources in a learning situation.

Benner (1982) discusses the Dreyfus Model of skill acquisition in clinical nursing practice and emphasizes the importance of previous experiences in the transition of the beginning nurse from novice (Level I) to expert (Level V). She states that "the heart of the difficulty that the novice faces is the inability to use discretionary judgment. Since novices have no experience with the situation they face, they must use context-free rules to guide their task performance" (p. 403). The advanced beginner (Level II) has coped with enough real situations to have gained limited experience and can demonstrate marginally acceptable performance but requires support in the clinical setting. In Chapter I it was stated that "refresher nursing programs prepare a nurse for re-entry into nursing by updating her knowledge and skill to the level of at least the beginning practitioner in nursing" (Alberta Association of Registered Nurses, 1987, p. 2). An important difference, however, in the beginning practitioner and the refresher graduate may be past clinical experience of the refresher graduate which might enable her to move more quickly from novice to advanced beginner (particularly if she receives adequate support in the clinical setting).

Nursing refresher programs need to be evaluated as to their success in meeting personal needs, professional needs and the special needs of adult learners. "Successful educational programming can facilitate the personal and professional success of large numbers of unemployed RN's" (Curran & Lengacher, 1982, p. 32).

The preparation of nurses for re-entry into the professional job market was earlier identified by Kalnins (1986) as the purpose of a

nursing refresher course. In order to learn how well a course has accomplished its purpose it is necessary to survey course graduates. Moore and Thurston (1983) conducted such a survey of Alberta refresher graduates in 1982 - 1983 with funds provided by the Alberta Department of Advanced Education. They concluded that such a survey "should be established on a continued basis as a monitoring device of the trends in needs of Refreshed RNs and their employers" (p. 57).

A review of the literature reveals few follow-up studies such as the one conducted by Moore and Thurston. Kalnins (1986) states "although the literature discusses the format of other refresher courses, there are no outcome studies within the past 10 years, indicating a need for such a study" (p. 12). Brown and Waddell (1988) agree when they state "little information is available on what these updated nurses did following completion of the courses" (p. 134) and "there are few data concerning the professional outcomes of the updated nurse" (p. 135). Tarcinale (1988) emphasizes that outcomes are not limited to those seen immediately following instruction when he states "the implication for nursing is that in addition to an immediate evaluation, there is a need to include long-term follow-up to determine the effects of a time interval and additional practice on learning outcomes" (p. 100). Davis and Barham (1988) agree and state "The RN students who take the course should be surveyed at the end of the course and again several months later to determine how useful the course has been as preparation for return to practice" (p. 370).

Outcome studies of nursing refresher graduates, although few in number, have yielded important data. The stability of the nursing refresher graduate workforce is shown in a five year study commenced by

the AARN in 1979 to examine the registration and employment patterns of Alberta Nursing Refresher Program graduates of 1979. One hundred and forty nurses completed a refresher program in 1979 and within five months, 107 (76%) of these graduates had registered with the AARN and had commenced employment. Sixty-three percent were employed in a general hospital, 23% in a geriatric setting and 14% in a community health setting. Seventy-three percent were employed part-time while 27% were employed full time. Demographic information revealed that the average age of these refresher graduates was 41 years, and the average number of years away from nursing was 13. Four years later, 105 of these nurses retained an active membership with the AARN. Seventy percent held part time positions in nursing while 30% were employed full time (Jean Smith, personal communication, November 22, 1989).

In their follow-up survey, Curran and Lengacher (1982) found that "approximately 80 percent of the graduates are employed on a 60 percent to full-time basis" (p. 30). In reporting on the Alberta follow-up survey of refresher graduates, Moore, Siu and Thurston (1984) state:

> Their current fields of practice extended over all those available in Alberta, although the majority were employed in medical/surgical (27 percent) and geriatric (23 percent) settings. Most had found suitable employment following graduation from refresher courses; 21 percent held full-time positions, 60 percent held part-time positions, the remainder were students (seven percent), unemployed (five percent) or unknown (seven percent) (p. 20).

Graduates in the Moore and Thurston study most frequently described their initial difficulty in returning to active practice was overcoming feelings of inadequacy. The difficulty most frequently described by

directors of nursing was a lack of self-confidence during refresher graduates initial return to practice. Agencies used terms such as "mature", "committed", and "enthusiastic" to describe refresher graduates.

Kalnins's (1986) outcomes study of nursing refresher graduates in 1982 revealed that approximately 70% were employed in nursing. An interesting finding of this study was that "the length of inactivity by itself was not found to be significantly related to re-entry in this group of 49 nurses" (p. 14). Kalnins concludes that "more work needs to be done on clarifying what are the predictors of successful re-entry" (p. 15).

Davis and Barham (1988) agree with Kalnins' findings and comment further on the predictors of successful re-entry into nursing practice. In describing the RNs who had participated in their update courses from 1985 to 1987:

> The length of time they'd been inactive had not been the most important determinant in whether they'd complete the course and return to practice. How long they had practiced before-hand, and what type of nursing they had done were more crucial to their success. (p. 370)

In their follow-up study on the professional outcomes of participants in a nursing refresher course, Brown and Waddell (1988) surveyed 61 graduates. The average graduate had been out of active nursing for 12.6 years prior to taking the course. Seventy-eight percent of the respondents were practicing either full- or part-time and of those, 48% were employed in acute care settings, 33% were employed in primary care, 11% in nursing homes, 4% in nursing administration, and 4%

in nursing education. Their findings support with those of other outcome studies in support of ongoing nursing refresher programs. Brown and Waddell (1988) conclude by stating "the data indicate that nurses who have been out of practice for many years can successfully update their knowledge and skills and become marketable in a tight job market" (p. 136). Brown and Waddell were contacted regarding their follow-up study. They stated that they were considering a second follow-up study since they had many more former refresher course participants to include. They further stated that they have experienced an increased interest in the refresher course and are now offering it twice per year (personal communication, March 14, 1989).

CHAPTER III

METHODOLOGY

Overview

In this chapter, the study design, organization and implementation procedures are described. The first section describes the design of the study. The second section outlines the planning and organization of the study according to a theoretical framework for follow-up evaluation. The instruments used are described in the third section while data description and data collection procedures are outlined in the fourth and fifth sections. Data compilation and analysis procedures are described in the sixth section.

Design of the Study

The purpose of this study was developed from the question: "What are the contributions of Alberta Nursing Refresher Program graduates to professional nursing practice?" A preliminary search of the literature and discussions with administrators of Alberta Nursing Refresher Programs revealed few outcome studies of refresher program graduates. A notable exception to this lack of outcome studies was the survey conducted by Moore and Thurston as discussed in Chapter II. Using the Moore and Thurston survey as a basis from which to plan, a follow-up evaluation study of refresher graduates was designed. Follow-up studies are classified as a type of descriptive research and "are frequently conducted to evaluate the success of particular programs" (Ary, Jacobs, & Razavieh, 1985, p. 326). Descriptive research is not generally directed toward hypothesis testing, but rather to describing an existing situation and obtaining information that will assist in decision making.

"A follow-up study can provide a useful source of information about former students' perceptions of the outcomes of a program, and their employer's perceptions of their preparation for, and adaptation to the role of employee" (Leonard, 1986, p. 5).

In this follow-up evaluation study, a descriptive survey design was used to examine the relationship between Alberta Nursing Refresher Programs and their graduates' initial job selection and job performance six months following program completion. Data were also collected on two key extraneous variables that might have affected results of the study.

Leedy (1985) outlines the basic structure and salient characteristics of the descriptive survey as a method of research:

1. The descriptive survey method deals with a situation that demands the technique of observation as the principal means of data collection.

2. The population for the study must be carefully chosen, clearly defined, and specifically delimited in order to set precise parameters for ensuring discreteness to the population.

3. Data in descriptive survey research are particularly susceptible to distortion through the introduction of bias into the research design. Particular attention should be given to safeguard the data from the influence of bias.

4. Although the descriptive survey method relies upon observation for the acquisition of the data, those data must then be organized and presented systematically so that valid and accurate conclusions can be drawn from them. (p. 134)

The succeeding sections in this chapter will outline the structure and characteristics of this descriptive survey.

Theoretical Framework for Follow-up Evaluation of Alberta Nursing Refresher Programs

The theoretical framework as illustrated in Figure 1 and described by Yeaw (1987) provided the direction for this follow-up evaluation. The concepts of Tyler, Scriven, Stake, and Stufflebeam were considered. Questions generated from their evaluation theories were used to identify the factors to be considered when conducting this follow-up evaluation.

Tyler. Tyler emphasized the importance of educational goals and behavioral objectives. His definition of the evaluation process emphasized a congruence between performance and objectives.

1. What are the purposes and objectives of the University of Alberta Hospitals Nursing Refresher Program? (See Appendix A.)

2. What are the purposes and objectives of the Grant MacEwan Community College Nursing Refresher Program? (See Appendix B.)

3. What are the outcome standards of Alberta Nursing Refresher Program graduates as stated by the AARN? (See Appendix C.)

Tyler's goal attainment approach towards evaluation is applicable to nursing education, since goal setting and evaluation are operationalized in nursing through the nursing process. "The nursing process is fundamentally a problem solving approach to patient care. It is made up of a number of components: (a) data collection, and problem identification, (2) goal setting and care planning, (3) intervention, and (4) evaluation" (Luker, 1981, p. 90). The focus of the present study was on the evaluation component, but all components of the nursing

process provide a useful and familiar framework for the collection and organization of data.

Scriven. As discussed in Chapter II, Scriven distinguished between formative and summative evaluation, described the payoff approach to evaluation, and discussed the concept of goal-free evaluation.

1. To what extent do nursing refresher graduates achieve the purposes of Alberta Nursing Refresher Programs? (summative evaluation)

2. What are the refresher graduates' behaviors produced as a consequence of Alberta Nursing Refresher Programs? (payoff evaluation)

3. What are the unanticipated outcomes of Alberta Nursing Refresher Programs? (goal-free evaluation)

Scriven's concepts provided guidelines for the timing of this study. Program outcomes (summative evaluation) were assessed six months after the refresher program was completed. Payoff evaluation focuses on program effects on graduates' behavior; Scriven refers to these effects as extrinsic criteria. Extrinsic criteria were assessed with questionnaire responses and results of analysis of post-program evaluations. Goal-free evaluation allows for consideration of all program outcomes that were observed and allows the evaluator to consider worthy outcomes which may not have been anticipated or planned for.

Stake. According to Stake's model the major components of evaluation are description and judgment. The three sources of data that link description and judgment are antecedents, transactions and outcomes.

Stake believed that outcomes, as a body of information, would include measurements of the impact of instruction on the learners. Abilities, achievements, attitudes, and aspirations of the learners, as

a result of the educational experience, must be measured. Outcomes are not limited to those seen immediately following instruction, but include applications and transfer effects that may not be available for measurement until long after instruction.

1. What are the effects of previous knowledge and experience on final learning outcomes? (antecedent conditions)

2. What are the immediate effects of learner transactions? (immediate outcomes)

3. What are the effects of a time interval and additional practice on learning outcomes? (long-range outcomes)

4. What are the standards by which learner outcomes are judged? (judgement process).

Stake's model provided guidelines for the development of the research questions for this study. Data required to assess immediate outcomes gave direction to the formulation of research question 1: "What areas of clinical practice do Alberta Nursing Refresher Program graduates choose for their first job following program completion?"

Application and transfer of knowledge was assessed six months following job commencement. Data required to assess these long term outcomes gave direction to the formulation of research questions 2 and 3: "What appraisal do Alberta Nursing Refresher Program graduates give to their job performance six months following commencement of their first job following program completion?" and "What appraisal do supervisors give to the job performance of Alberta Nursing Refresher Program graduates six months following first job commencement?"

The importance of antecedent conditions was acknowledged and gave direction to the formulation of research question 4: "What is the

relationship between Alberta Nursing Refresher Program graduates' job performance self-appraisal and the two variables (a) length of prior nursing experience and (b) length of time away from nursing?"

Stufflebeam. Stufflebeam's concept of "Evaluation as Enlightenment for Decision-Making" (1969, p. 143) emphasizes the provision of information to decision makers. For each type of decision a specific kind of evaluation should be used. Information for deciding to continue, terminate, modify, or refocus an activity is provided by product evaluation. The structure of evaluation design as outlined by Stufflebeam, suggests several important questions that must be considered when planning an evaluation activity:

1. What decision makers and what level of decision making are served by this evaluation activity?

2. What information is to be collected; how is this information to be collected; and from whom is this information obtained?

3. How is the information to be organized?

4. How is the information to be analyzed?

5. How, and to whom will the information be reported?

6. Who will administer the evaluation and what is the evaluation schedule (timeline)?

Decisions regarding Alberta Nursing Refresher Programs are necessarily made by program administrators, those responsible for professional nursing standards, and those responsible for budgetary considerations. Information provided by this product evaluation would serve Nursing Refresher Program administrators at Grant MacEwan Community College and University of Alberta Hospitals, the Alberta Association of Registered Nurses, and the Department of Advanced

Education. Other audiences to whom which refresher program evaluation results would be useful are the many professionally inactive nurses in Alberta and their potential employers.

The remaining questions posed from Stufflebeam's model are answered in the methodology sections which follow.

Data Description

Brink and Wood (1988) state that "the term sample population is often used to indicate that the sample is the entire population studied" (p. 116). Data were collected from the graduate population of the University of Alberta Hospitals Nursing Refresher Program of the years 1987 and 1988, and all eligible graduates were surveyed. (This study did not assess Nursing Refresher Program graduates who were ineligible for registration with the Alberta Association of Registered Nurses upon program completion.) During 1987 and 1988 the University of Alberta Hospitals conducted four nursing refresher programs for a total sample population of 44. Forty-three graduates were eligible for the study. Permission was granted from the University of Alberta Hospitals Director of Nursing Education and from the Nursing Refresher Program Coordinator to survey program graduates. The name of each program graduate was given a code number and the coded questionnaires were mailed out by an administrative assistant.

Data were also collected from the graduate population of Grant MacEwan Community College Nursing Refresher Program of the years 1987 and 1988. All graduates eligible to participate in the study were numbered by an administrative assistant. Using a random numbers table, 43 names were selected. In order to ensure confidentiality, each of

these names received a code number and the coded questionnaires were mailed out by an administrative assistant.

Follow-up letters to non-respondents were mailed out by an administrative assistant according to code numbers as identified by the investigator.

Data Collection

In order to provide a comprehensive evaluation of refresher program outcomes this study used a combination of data collection techniques. Questionnaire responses included fixed alternative choices which provided quantitative data, and open-ended comments which provided qualitative data. Document analysis also provided both types of data. McEwan (1989) commented on subjective and objective approaches to evaluation and stated that while both approaches have desirable qualities:

> Both also have inherent weaknesses in their methodology which can be controlled but never entirely eliminated. For example, the objectivist approach often fails to account for the interests of participants in a service, whilst subjectivist findings often vary and may be contradictory. (p. 104)

McEwan (1989) further describes a combination of data collection techniques as "methodological triangulation" (p. 106). The validity and reliability of research is improved as differing sources of information may be cross-referenced as a check on the truth of the data.

The sample population was surveyed by means of a questionnaire developed by Moore and Thurston (1983) in their survey of the nursing refresher graduate population of Alberta. Permission was received from the authors to use selected portions of their questionnaire (see

Appendix D). Questions were chosen only as they related to the sub-problems of this study. The selected questions were pilot tested with individuals who graduated from an Alberta Nursing Refresher Program prior to 1987 (see Appendix D for cover letter). Suggested revisions were incorporated, after which the final copy was made (see Appendix E).

Data were also collected from Nursing Refresher Program graduate employers by means of a second questionnaire developed by Moore and Thurston (1983). Permission was again received from the authors to use selected portions of their questionnaire as they related to this study. The selected questions were pilot tested with individuals who had supervised the job performance of Nursing Refresher Program graduates within a six month period following program completion. Following minor revisions the final copy was made (see Appendix F). Permission was requested from Nursing Refresher Program graduate respondents to contact their employers (six months post-program) and only those employers for whom permission was granted were contacted.

Data exists in the University of Alberta Hospitals Nursing Refresher Program graduate and supervisor post-program evaluations for 1987 and 1988 (see Appendices G and H). Permission was granted by program administrators to examine these evaluations. The data obtained were systematically organized according to the sub-problems of this study. Post-program evaluations from the refresher graduates of Grant MacEwan Community College Nursing Refresher Program of 1987 and 1988 were not available as such evaluations had not been carried out.

The Nursing Refresher Program graduate questionnaire was administered via a mail-out on June 19, 1989 to 86 refresher graduates. The mail-out included a cover letter, the questionnaire and a

self-addressed and stamped envelope for return of the questionnaire. The cover letter stated the purpose of this evaluation study as related to continuing support for Alberta Nursing Refresher Programs (see Appendix D). In addition, confidentiality was guaranteed in the cover letter and respondents were asked for permission to contact those supervisors responsible for their performance appraisal six months following commencement of their first job post-program. Eight questionnaires were returned with wrong addresses and 49 (63%) were returned completed by July 24, 1989. A follow-up letter was sent to non-respondents at this time which increased the return of completed questionnaires to 55 (71%) by August 16, 1989 (see Appendix D). A repeat follow-up letter with another questionnaire was sent to non-respondents at this time. By the final date (September 8, 1989) a total of 10 questionnaires had been returned with wrong addresses and 57 (75%) of the questionnaires were returned completed.

The supervisors mail-out included a cover letter, the name of the graduate who submitted her name, the coded questionnaire and a self-addressed and stamped envelope for return of the questionnaire. The supervisors were assured of confidentiality and that their responses would be used only for the purpose of this study (see Appendix D). In addition, a brief outline of the graduate questionnaire content was included for reference purposes (results of the graduate responses were not included). By the first graduate follow-up date (July 24, 1989) 34 supervisor questionnaires were sent out and 16 (47%) were returned completed. The second graduate follow-up date was August 16, 1989; a total of 37 supervisor questionnaires were sent out and 27 (73%) completed questionnaires were returned. By the final date (September 8,

1989) a total of 38 supervisor questionnaires were sent and 32 (84%) were returned completed.

Document analysis of the existing Nursing Refresher Program graduate and supervisor post-program evaluations were carried out following mail-out of the graduate questionnaires in July and August.

Leedy (1985) emphasizes the importance of safe guarding the data in a descriptive survey from the influence of bias. The objectivity of the structured data collection methods outlined earlier minimized investigator bias. In addition, the biases which are inevitably present in every data collection method may be partly controlled through the methodological triangulation techniques which were discussed earlier. The presence of compliance bias, however, still remains and was earlier acknowledged as a limitation. There was further effort to reduce investigator bias in the choice of the University of Alberta Hospitals sample population. The investigator has previous experience as an instructor with this Nursing Refresher Program but has had no previous contact with the sample population; this minimizes the possibility of personal bias influencing the graduates' responses. The investigator has had no previous contact with the Grant MacEwan College graduate population studied.

An effort was made to minimize the effects of time and maturation processes in this study by limiting the short term impact period to six months following commencement of first job post-program.

Brink and Wood (1988) emphasize that when looking for significant relationships between variables it is important to collect data on key extraneous variables so that their effects can be measured. Data were collected on previous nursing experience and length of inactivity from

nursing in an effort to measure their effects on Nursing Refresher Program graduate job performance.

Data Compilation and Analysis

Numerical coding schemes were developed by Moore and Thurston (1983) for the questionnaires. This enabled categorization of responses to fixed alternative questions. Categorization of responses to open-ended questions was done after sufficient numbers of completed questionnaires had revealed the categories. The resulting nominal data were analyzed using the Statistical Package for the Social Sciences (SPSSx) and were tabulated to identify measures of central tendency (mode) and measures of variation. Frequency distributions were obtained on the categories resulting from content analysis, and cross tabulations between graduate responses and supervisor responses were constructed in order to identify relationships between the responses. In addition the Chi-square test was used to analyze the relationship between prior nursing experience and length of inactivity from nursing as related to job performance.

Timeline

See Appendix I.

The Researcher

The researcher is a nursing educator with four years of previous experience, both as an instructor and as a program coordinator, in the University of Alberta Hospitals Nursing Refresher Program. In discussing the politics of program evaluation, Schneider (1985) emphasizes the importance of possessing a clear understanding of the political climate. As a former instructor and program coordinator of a

Nursing Refresher Program, the researcher possesses political understanding and program insight.

CHAPTER IV

DATA ANALYSIS

In this chapter all results of the data analysis and a discussion and summary of the findings with respect to the five sub-problems are presented. The purpose of the study and five sub-problems are outlined.

Statement of the Problem

The purpose of this study was to identify the short term impact of Alberta Nursing Refresher Programs on graduates' first job selection and first job performance appraisal, and to determine how this varies with prior nursing experience and length of professional inactivity.

Analysis of the data was used to answer the following research questions about Alberta Nursing Refresher Program graduates:

1. What areas of clinical practice do Alberta Nursing Refresher Program graduates choose for their first job following program completion?

2. What appraisal do Alberta Nursing Refresher Program graduates give to their job performance six months following commencement of their first job following program completion?

3. What appraisal do supervisors give to the job performance of Alberta Nursing Refresher Program graduates six months following first job commencement?

4. What is the relationship between Alberta Nursing Refresher Program graduates' job performance self-appraisal and the two variables (a) length of prior nursing experience and (b) length of time away from nursing?

5. What is the relationship between Alberta Nursing Refresher Program graduates' job performance self-appraisal and the job performance appraisal of their supervisors?

Problem 1 - Employment Status of Refresher Program Graduates

In this section the results of the data analysis are reported and findings about the employment status of Alberta Nursing Refresher graduates from 1987 and 1988 are discussed.

Questionnaire Findings

The frequency distribution of responses of Alberta Nursing Refresher graduates to questions about their first employment status in nursing following refresher program completion (Questions 1 - 6; see Appendix E) are shown in Tables 1 - 7. The major findings were as follows:

1. Only 5% of the graduates reported that they had not been employed in nursing since graduation. This group is not included in subsequent analysis (see Table 1).

2. Most of the graduates (81%) were employed part-time (see Table 1).

3. The largest proportion (76%) of those who categorized their part-time status were working on a casual basis (see Table 2).

4. Ninety-four percent of the graduates reported no difficulty finding suitable employment (see Table 3). Those who initially experienced difficulty were able to find casual employment within a short time.

5. The majority of graduates (67%) were first employed in a general hospital and the next largest proportion (15%) were employed in

Table 1

Graduates' Employment Status (n = 57)

Employment Status	Frequency	Percent
Full Time	8	14
Part Time	46	81
Not Employed	3	5

Table 2

Part Time Status (n = 46)

Part Time Status	Frequency	Percent
Regular	6	13
Casual	35	76
No Answer	5	11

Table 3

Difficulty Finding Employment (n = 54)

Difficulty Identified	Frequency	Percent
Yes	3	6
No	51	94

an extended care setting. The remainder (18%) were employed in a variety of health care settings (see Table 4).

6. Responses further indicated (see Table 5) that if the first place of employment was a hospital, home for the aged or nursing home, 38% of such facilities were 100 beds or less, 34% were between 101 and 1,000 beds, and 28% had 1,000 - 1,200 beds. (The 28% who reported employment in the largest health care agency were all employed at the University of Alberta Hospitals.) Only four graduates (7%) were employed in a health care setting other than a hospital, home for the aged or nursing home (see Table 5).

7. Almost all of the graduates (96%) reported that their first position after employment was as a staff nurse (see Table 6).

8. Medical/Surgical nursing was described by the largest proportion of graduates (42%) as their first field of practice following program completion (see Table 7). Twenty-two percent reported that they were employed in a geriatric area while only 8% were employed in the other specialty areas (i.e., maternal/newborn, psychiatry, pediatrics) and only 2% were employed in community health. The remaining 26% reported employment in other patient care areas; further examination of these responses indicated that the majority of these were employed in a rural hospital in which a combination of several clinical areas is reported. There were no graduates employed in administration or education (see Figure 3).

Problem 2 - Graduates' Appraisal of Job Performance

In this section, findings regarding the graduates' assessment of their job performance six months after commencement of their first job following program completion are reported (Questions 7 - 11; see

Table 4

First Place of Employment (n = 54)

Health Care Agency	Frequency	Percent
General Hospital	36	67
Rehabilitation Hospital	1	2
Extended Care Facility	8	15
Other Hospital Type	1	2
Nursing Home	2	3
Home Care/Visiting Care	1	2
Physician's Office	1	2
Other/Combination	4	7

Table 5

Hospital, Home for the Aged or Nursing Home Size (n = 50)

Number of Beds	Frequency	Percent
100 or less	19	38
101 - 1000	17	34
1000 - 1200	14	28

$\bar{X}$ = 475.10

Table 6

Graduates' First Employment Position (n = 54)

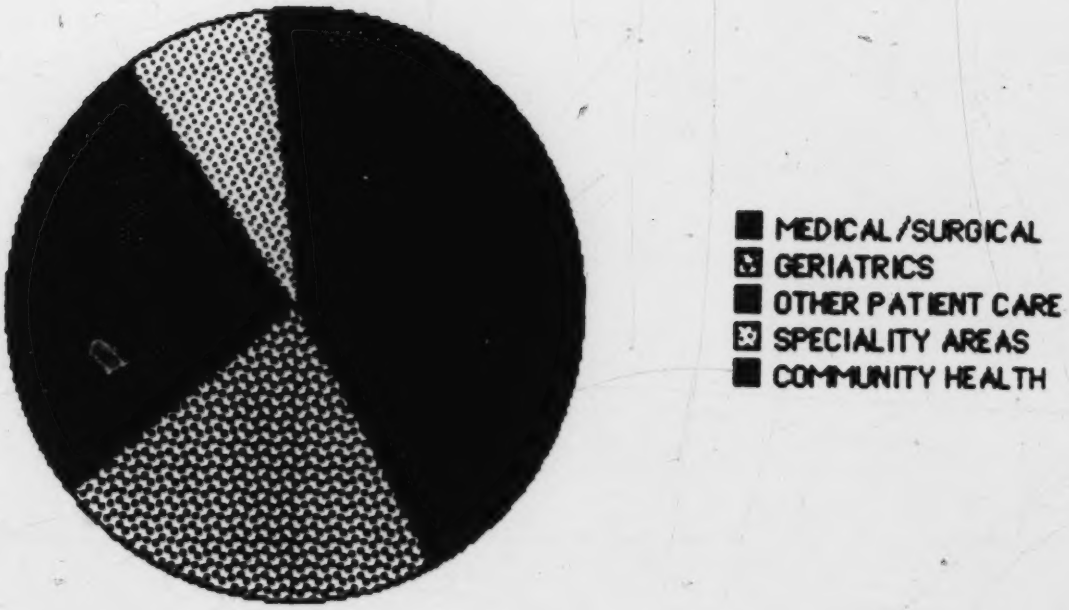
Position	Frequency	Percent
Head Nurse	1	2
Staff Nurse	52	96
Other	1	2

Table 7

Graduates' First Area of Practice (n = 54)

Area	Frequency	Percent
Medical/Surgical	23	42
Maternal/Newborn	1	2
Psychiatry	1	2
Paediatrics	2	4
Geriatrics	12	22
Community Health	1	2
Other Patient Care	14	26

Figure 3. Nursing refresher graduates: Fields of practice


MEDICAL/SURGICAL
GERIATRICS
OTHER PATIENT CARE
SPECIALITY AREAS
COMMUNITY HEALTH

Appendix E). The graduates' perception of the contribution and value of the refresher program to subsequent job performance is described. Findings are also reported regarding the graduates' perception of difficulties experienced within the first six months of their first post-program employment.

Questionnaire Findings

The frequency distributions of responses of Alberta Nursing Refresher graduates to questions about the strengths and weaknesses of their job performance as related to theoretical and clinical preparation and initial difficulties experienced are shown in Tables 8 - 12. The major findings were as follows:

1. The most frequently identified theoretical component listed as most applicable to job performance was disease processes (56%). Anatomy was the theoretical component identified by the smallest number of graduates (32%). Physiology, pharmacology, parenteral fluid therapy, and body systems varied only from 39% to 46% in frequency of responses (see Table 8). The other theoretical component specified as being most applicable to job performance was nursing process.

2. The frequency of responses regarding theoretical components which were identified as lacking in the refresher program ranged from 0 to 26%. The most frequently mentioned theoretical components lacking were "new" technology and reporting/recording. It is important to note that anatomy and nursing process were not identified by any graduates as lacking in the refresher program (see Table 9). Nineteen percent of the graduates did not identify any theoretical components as lacking.

3. The average number of theoretical components identified by each graduate as being most applicable to job performance was 2.7 (see Table

Table 8

Theoretical Components Most Applicable to Job Performance (n = 54)

Theoretical Content	Frequency	Percent*
Anatomy	17	32
Physiology	21	39
Pharmacology	24	44
Parenteral Fluid Therapy	22	41
Disease Processes	30	56
Body Systems	25	46
Other	5	9

$\bar{X}$ = 2.67

*$\bar{X}$ = average number of theoretical components identified by each graduate as being most applicable to job performance; therefore, the total percentage of responses is greater than 100

Table 9

Additions to Theoretical Content Recommended by Graduates (n = 54)

Theoretical Content	Frequency	Percent*
Obstetrics	11	20
Geriatrics	6	11
Paediatrics	9	17
Anatomy	0	0
Physiology	2	4
Psychology	5	9
Pharmacology	7	13
Nursing Process	0	0
Parenteral Fluid Therapy	4	7
"New" Technology	14	26
Medical/Surgical Concepts	2	4
Reporting/Recording	13	24
Other	4	7

$\bar{X}$ = 1.43

*$\bar{X}$ = average number of theoretical components identified by each graduate as lacking in the refresher program; therefore, the total percentage of responses is greater than 100

8). The average number of theoretical components identified by each graduate as lacking in the refresher program was only 1.4 (see Table 9).

4. The most frequently identified clinical components listed as most beneficial to job performance were practice of skills/procedures (70%) and nursing assessment skills (52%). All the clinical components listed as most beneficial to job performance were identified by at least 20% of the graduates (see Table 10). There were no graduates who did not identify at least one clinical component as beneficial to job performance.

5. The frequency of responses regarding clinical components of the refresher program identified as lacking by graduates ranged from 7% to 30% (see Table 11). The two clinical components identified most frequently as lacking were equipment utilization (30%) and long term care nursing skills (24%) while medical/surgical nursing skills were mentioned by the smallest number of graduates (7%). Twenty percent of the graduates did not identify any clinical components as lacking. Other additions to clinical content recommended by graduates were psychiatric nursing skills, pharmacology and administrative skills (e.g., processing orders).

6. The average number of clinical components identified by each graduate as being most beneficial to job performance was 2.7 (see Table 10), while the average number of clinical components identified by each graduate as lacking in the refresher program was somewhat lower at 1.6 (see Table 11).

7. When questioned regarding initial difficulties experienced within the employing agency, 33% of the graduates reported no difficulty, while 67% of the graduates stated that they did have

Table 10

Clinical Components Most Beneficial to Job Performance (n = 54)

Clinical Component	Frequency	Percent*
Skills/Procedures Practice	38	70
Medication Administration	23	43
Interpersonal Relations	12	22
Care of IV Infusions	22	41
Theory Application	11	20
"New" Technology	11	20
Nursing Assessment	28	52
Other	3	6

$\bar{X}$ = 2.74

*$\bar{X}$ = average number of clinical components identified by each graduate as most beneficial to job performance; therefore, the total percentage of responses is greater than 100

Table 11

Additions to Clinical Content Recommended by Graduates (n = 54)

Clinical Content	Frequency	Percent*
Nursing Assessment	10	19
Equipment Utilization	16	30
Initiation/Care of IV Infusions	11	20
Obstetrical Nursing Skills	8	15
Paediatric Nursing Skills	8	15
Long Term Care Nursing Skills	13	24
Medical/Surgical Nursing Skills	4	7
Leadership Skills	10	19
Other	4	7

$\bar{X}$ = 1.56

*$\bar{X}$ = average number of clinical components identified by each graduate as lacking in the refresher program; therefore, the total percentage of responses is greater than 100

difficulties readjusting (see Table 12). The most frequently identified difficulty was that of feeling inadequate (65%), while other difficulties were identified much less frequently. Medication administration was a difficulty for 19% of the graduates, heavy workloads was identified by 17%, interpersonal relationships by 7%, and 15% of the graduates specified other difficulties (see Table 12). One graduate commented that she was not viewed with the same patience as was accorded other new graduates. Another respondent commented "It's difficult feeling like a student at this age and at the same time being expected to know everything and be self confident."

8. The average number of initial difficulties in job performance identified by each refresher graduate was 1.2 (see Table 12).

Open-ended Comments

The refresher graduates' questionnaire included a section which invited additional comments regarding their first job following completion of the refresher program (Question 17; see Appendix E). These comments were examined to discover common themes. The frequency distribution within these themes is shown in Tables 13 - 15.

The major findings were as follows:

1. The majority of refresher graduates (57%) chose not to make additional comments about their first job following program completion (see Table 13).

2. A total of 49 comments were made by the 23 refresher graduates who chose to respond (see Table 14). The average number of comments per graduate was 2.1.

3. Content analysis of the graduates' open-ended comments revealed six major themes (see Table 14).

Table 12

Initial Difficulties in Nursing Practice Identified by Graduates (n = 54)

Difficulty experienced	Frequency	Percent
Yes	36	67
No	18	33

Difficulty Identified	Frequency	Percent*
Feelings of Inadequacy	35	65
Heavy Workloads	9	17
Medication Administration	10	19
Interpersonal Relationships	4	7
Other	8	15

$\bar{X}$ = 1.22

*$\bar{X}$ = average number of initial difficulties in nursing practice identified by graduates; therefore, the total percentage of responses is greater than 100

Table 13

Graduate Open-ended Comments (n = 54)*

Open-ended Comments	Frequency	Percent
Yes	23	23
No	31	57

*n = total number of graduate respondents

Table 14

Graduate Open-ended Comments - Major Themes (n = 49)*

Themes	Frequency	Percent
Initial Difficulties	9	18
Changes in Nursing	4	8
Strengths/Positive Factors	14	29
Working Casual	7	15
Post Program Study	6	12
Program Comments	9	18

*n = total number of comments

4. The theme which recurred most frequently when analyzing refresher graduates' open-ended comments was strengths/positive factors which contributed to successful job performance. These strengths/positive factors represented 29% of the total responses. (This theme is further analyzed in Table 15).

5. Initial difficulties in job performance and comments about the refresher program each represented 18% of the total response. The most frequently identified difficulty was that of feeling inadequate and lacking confidence. This finding supports earlier findings regarding initial difficulties identified by graduates (see Table 12). One graduate commented "My biggest problem was dealing with the loss of confidence. It took six months to begin to overcome this. I was surprised how this affected my ability to function". Most comments about the refresher program were positive (e.g., "The nursing refresher course was hard but enjoyable. I'm glad that I did it".). One graduate, however, commented "I did not find the refresher course useful. The course was an imposed requirement to get back a license to work. It was a waste of time". Three graduates commented on the importance of relevant clinical experience; one graduate stated "Hands on experience is a must to feel comfortable--prevents you from feeling as if an avalanche has hit you".

6. Fifteen percent of the graduates' open-ended comments referred to the disadvantages of part time casual employment. The disadvantages mentioned were longer period of adjustment, no home unit and no support. One graduate stated "I did casual at an active treatment hospital and found on some units I was made to feel inadequate".

Table 15

Graduate Open-ended Comments - Strengths/Positive factors Contributing to Successful Job Performance (n = 14)

Strengths/Positive Factors	Frequency	Percent
Personal Attributes	1	7
Professional Attributes	5	36
Working Relationships	7	50
Adjustment to Nursing Practice	1	7

7. The importance of continued study (formal and non-formal) after the refresher program was mentioned in 12% of the comments. Three graduates stated they had enrolled in the Bachelor of Science in Nursing program. Another graduate commented "The first six months an incredible amount of time was spent on updating my knowledge".

8. Changes in nursing was a theme that emerged from 8% of the comments. Changes discussed were both positive (e.g., "Nurses are now given status") and negative (e.g., "I found the attitude has deteriorated among staff and paper work takes priority over bedside nursing").

9. Table 15 details categories within the strengths/positive factors theme. The category which was commented on most frequently (50%) was that of working relationships. Helpful and co-operative co-workers were mentioned as important for initial adjustment to nursing practice. Thirty-six percent of the strengths/positive factors were within the category of professional attributes as related to nursing practice. Graduates commented on a sense of competence and enjoyment with their return to nursing. One graduate stated "It was the best decision I ever made to return to nursing--I am very happy and I feel a competent nurse". The other categories within the strengths/positive factors theme were personal attributes and adjustment to nursing practice. One graduate commented that "A positive attitude and sense of humor helped enormously", while another commented that her first job following the refresher program felt like a continuation of her previous job in nursing.

Document Analysis

Six months post-program follow-up evaluations completed by University of Alberta Hospitals Nursing Refresher Program graduates were examined in relation to their job performance self-appraisal (see Appendix G). The frequency distribution of fixed-alternative responses is shown in Tables 16 - 18. Open-ended comments regarding performance strengths and performance weaknesses were examined to discover common themes. The frequency distribution within these themes is shown in Tables 19 and 20. The major findings were as follows:

1. When questioned regarding the adequacy of their theoretical preparation at the completion of the refresher program, 79% of the respondents agreed that they had an adequate theoretical base for nursing practice. Fourteen percent of the respondents strongly agreed with this statement, while 7% of the respondents disagreed (see Table 16).

2. Refresher graduates agreed (79%) and strongly agreed (21%) that at the completion of the refresher program they possessed sufficient clinical experience to conduct safe nursing practice (see Table 17).

3. When questioned regarding their use of the nursing process, 79% of the refresher graduates agreed that they had developed skill in using the nursing process in clinical practice. Seven percent of the graduates disagreed with this statement, while 14% neither agreed nor disagreed (see Table 18).

4. Open-ended comments by refresher graduates regarding their performance strengths, revealed nine areas which were mentioned by at least two respondents, and eight areas mentioned by one respondent. The area mentioned most frequently (18%) as a performance strength was basic

Table 16

Graduate Post Program Follow-up Evaluation - Adequacy Theoretical Preparation for Nursing Practice (n = 14)

Rating		Frequency	Percent
Strongly Disagree	(1)	0	0
Disagree	(2)	1	7
Neither Agree/Disagree	(3)	0	0
Agree	(4)	11	79
Strongly Agree	(5)	2	14

$\bar{X}$ = 4.00

Table 17

Graduate Post Program Follow-up Evaluation - Adequacy Clinical Experience for Nursing Practice (n = 14)

Rating		Frequency	Percent
Strongly Disagree	(1)	0	0
Disagree	(2)	0	0
Neither Agree/Disagree	(3)	0	0
Agree	(4)	11	79
Strongly Agree	(5)	3	21

$\bar{X} = 4.20$

Table 18

Graduate Post Program Follow-up Evaluation - Adequate Use of Nursing Process for Nursing Practice (n = 14)

Rating		Frequency	Percent
Strongly Disagree	(1)	0	0
Disagree	(2)	0	0
Neither Agree/Disagree	(3)	2	14
Agree	(4)	11	79
Strongly Agree	(5)	1	7

$\bar{X}$ = 3.90

nursing care. Other strengths (18%) included knowledge of complications due to immobility, use of the nursing process, and skills in lifting and moving patients safely (see Table 19).

5. Open-ended comments by refresher graduates regarding their performance weaknesses, revealed seven areas which were mentioned by at least two respondents, and five areas mentioned by one respondent (see Table 20). Medication administration was mentioned by six respondents (19% of the total response) as a performance weakness. (It is interesting to note that six respondents listed medication administration as a performance strength!) Other weaknesses (16%) included use of nursing process (also listed earlier as a strength), initiation of IVs (intravenous) and experience in specialty areas such as pediatrics.

6. Several refresher graduates chose to make overall comments about the refresher program. One graduate stated "The refresher course can't provide all things to all people", while another stated that it is "an individual responsibility to identify and improve performance weaknesses".

Problem 3 - Supervisors' Appraisal of Job Performance

In this section findings regarding supervisor assessment of the refresher graduate's job performance six months after commencement of the graduate's first job following program completion are reported (Questions 3 - 6; see Appendix F). The supervisors' perception of the refresher graduates' theoretical and clinical preparedness is described. Findings are also reported regarding the supervisors' assessment of the orientation program required by refresher graduates and unique contributions made by refresher graduates.

Table 19

Graduate Post Program Follow-up Evaluation - Open-ended Comments Regarding Performance Strengths (n = 44)*

Strengths	Frequency	Percent
Basic Nursing Care Skills	8	18
Medication Administration	6	14
Aseptic Technique	4	9
Intravenous Therapy	4	9
Communication Skills	4	9
Patient Assessment	3	7
Charting	3	7
Diabetes Patient Care	2	4.5
Use of New Equipment	2	4.5
Other	8	18

*n = total number of open-ended comments regarding performance strengths

Table 20

Graduate Post Program Follow-up Evaluation - Open-ended Comments Regarding Performance Weaknesses (n = 31)*

Weaknesses	Frequency	Percent
Medication Administration	6	19
Use of New Equipment	5	16
Management Skills	5	16
Use of Nursing Process	3	10
Diagnostic Tests	3	10
Assessment Skills	2	6.5
Organizational Skills	2	6.5
Other	5	16

*n = total number of open-ended comments regarding performance weaknesses

Questionnaire Findings

The frequency distribution of supervisors' responses to questions about their health care agencies, the theoretical and clinical preparedness of refresher graduates, the graduates' orientation program, and unique contributions to nursing practice made by refresher graduates, is shown in Tables 21 - 28. The major findings were as follows:

1. The majority of supervisors (59%) worked in a general hospital (see Table 21). This finding is similar to the employment agency most often identified by the refresher graduates (see Table 4).

2. Supervisor responses further indicated that if their health care agency was a hospital, home for the aged or nursing home, 40% of such facilities were 100 beds or less, 30% were between 101 and 1,000 beds, and 30% had 1,200 beds (see Table 22). This finding is also similar to the health care agency size reported by the refresher graduates (see Table 5).

3. When questioned regarding the refresher graduates' theoretical preparation, 88% of the supervisors indicated that the graduates were theoretically prepared for nursing practice, while 12% indicated that the graduates were not theoretically prepared (see Table 23).

4. Components identified most frequently by supervisors as lacking in refresher graduate theoretical preparation were parenteral fluid therapy (6%) and "new" technology (6%) (see Table 24). Geriatrics, pediatrics and psychology were not identified by any supervisors as lacking in refresher graduate theoretical preparation. The average number of theoretical components identified by each supervisor as lacking in graduate preparation was 0.3.

Table 21

Health Care Agencies Represented by Supervisor Responses (n = 32)

Health Care Agency	Frequency	Percent
General Hospital	19	59
Rehabilitation Hospital	1	3
Extended Care Facility	4	13
Other Hospital Type	1	3
Nursing Home	1	3
Community Health Center	1	3
Other	5	16

Table 22

Supervisor Response to Health Care Agency Size (n = 30)

Number of Beds	Frequency	Percent
100 or less	12	40
101 - 1000	9	30
1000 - 1200	9	30

Table 23

Supervisor Response to Graduates' Theoretical Preparedness (n = 32)

Response	Frequency	Percent
Yes	28	88
No	4	12

Table 24

Supervisor Response to Theoretical Content Lacking in Graduates' Preparation (n = 32)

Theoretical Content	Frequency	Percent*
Obstetrics	1	3
Anatomy	1	3
Physiology	1	3
Pharmacology	1	3
Nursing Process	1	3
Parenteral Fluid Therapy	2	6
"New" Technology	2	6
Medical/Surgical Nursing	1	3
Reporting/Recording	1	3
Geriatrics	0	0
Paediatrics	0	0
Psychology	0	0

$\bar{X}$ = 0.34

*$\bar{X}$ = average number of theoretical components identified by each supervisor as lacking in graduate preparation; therefore, the total percentage of responses is less than 100

5. When questioned regarding the refresher graduates' clinical preparation, 71% of the supervisors indicated that the graduates were clinically prepared for nursing practice, while 29% indicated that the graduates were not clinically prepared (see Table 25).

6. Components identified most frequently by supervisors as lacking in refresher graduate clinical preparation were equipment utilization/procedures (16%) and initiation and care of intravenous infusions (16%) (see Table 26). Paediatric nursing skills and long term care nursing skills were not identified by any supervisors as lacking in refresher graduate clinical preparation. One supervisor stated that the refresher graduate has difficulty integrating classroom experiences with the actual patient care situation. The average number of clinical components identified by each supervisor as lacking in graduate preparation was 0.7.

7. Forty-seven percent of the supervisor respondents stated that refresher graduates require differences in the type of orientation program as compared to other RNs; 53% of the supervisor respondents identified no differences in the orientation program required (see Table 27).

8. When questioned regarding the differences in orientation required by refresher graduates, 47% of the supervisors responded that refresher graduates require more "one-to-one" supervision but less formal orientation; 20% of the supervisors responded that a longer/more detailed orientation was required by refresher graduates (see Table 27). Other differences commented on by supervisors ranged from a lack of confidence to a greater knowledge base and an ability to identify learning needs.

Table 25

Supervisor Response to Graduates' Clinical Preparedness (n = 32)

Response	Frequency	Percent
Yes	22	71
No	9	29

Table 26

Supervisor Response to Clinical Content Lacking in Graduates' Preparedness (n = 32)

Clinical Content	Frequency	Percent*
Nursing Assessmsent Skills	2	6
Equipment Use/Procedures	5	16
Initiation/Care of IV Infusions	5	16
Obstetrical Nursing Skills	4	13
Medical/Surigcal Nursing Skills	1	3
Leadership SKills	3	9
Paediatric Nursing Skills	0	9
Long Term Care Nursing Skills	0	9
Other	1	3

$\bar{X}$ = 0.66

*$\bar{X}$ = average number of clinical components identified by each supervisor as lacking in graduate preparation; therefore, the total percentage of responses is less than 100

Table 27

Supervisor Response to Differences in Orientation Required by Refresher Graduates as Compared to Other RNs (n = 32)

Response	Frequency	Percent
Yes	15	47
No	17	53

Difference Identified (n = 15)	Frequency	Percent
More "1 to 1" Supervision Less Formal Orientation]	7	47
Longer Orientation	3	20
Other	5	33

9. Ninety-seven percent of the supervisors stated that refresher graduates make unique contributions to nursing practice (see Table 28). The contributions identified most frequently by the supervisors were commitment (84%) and maturity (81%). All of the contributions listed were chosen by at least 66% of the supervisors as being applicable to the refresher graduate. Other statements made by supervisors regarding refresher graduate contributions were "aware of current modalities" and "enjoys bedside nursing". The average number of unique contributions identified by each supervisor was 4.5.

Open-ended Comments

The supervisor's questionnaire included a section which invited additional comments regarding the refresher graduate's job performance during her first six months of employment (Question 7; see Appendix F). These comments were examined to discover common themes. The frequency distribution within these themes is shown in Tables 29 - 31. The major findings were as follows:

1. The majority of supervisors (69%) chose to make additional comments about the refresher graduate's job performance during her first six months of employment (see Table 29).

2. A total of 42 comments were made by 22 supervisors who chose to respond. The average number of comments per supervisor was 1.9.

3. Content analysis of the supervisors' open-ended comments revealed three major themes (see Table 30).

4. The theme which recurred most frequently when analyzing supervisors' open-ended comments was strengths/positive factors which contributed to successful job performance. These strengths/positive

Table 28

Supervisor Response to Unique Contributions Made by Refresher Graduates (n = 32)

Response	Frequency	Percent
Yes	31	97
No	1	3

Unique Contribution	Frequency	Percent*
Maturity	26	81
Initiative/Self Motivation	23	72
Stability	21	66
Commitment	27	84
Enthusiasm	22	69
Previous Life Experiences	24	75
Other	2	6

$\bar{X}$ = 4.5

*$\bar{X}$ = average number of unique contributions identified by each supervisor; therefore, the total percentage of responses is greater than 100

Table 29

Supervisor Open-ended Comments (n = 32)*

Open-ended Comments	Frequency	Percent
Yes	22	69
No	10	31

*n = total number of supervisor respondents

Table 30

Supervisor Open-ended Comments - Major Themes (n = 42)*

Themes	Frequency	Percent
Initial Difficulties	6	14
Strengths/Positive Factors	31	74
Program Comments	5	12

*n = total number of supervisor respondents

factors represented 74% of the total responses. (This theme is further analyzed in Table 31).

5. Initial difficulties in job performance represented 14% of the total response (see Table 30). The difficulty identified most frequently by supervisors was an initial lack of confidence on the part of refresher graduates; this required extra orientation time at the beginning of employment. One supervisor stated "We have had to spend extra time with this graduate at the beginning. However, the initial time that was spent with her was very well spent. At present she is an excellent, very caring staff member that we are very fortunate to have on the unit". Other difficulties described by supervisors were lack of leadership skills and lack of preparation for the reality of working in an active treatment area.

6. Comments about the refresher program represented 12% of the supervisors' responses (see Table 30). Most of these comments expressed praise for the refresher program and gratitude for its existence. One supervisor in a rural area stated that she was very grateful for the nursing refresher program--"Without it I would have had a serious nursing shortage as most of them are stable long term residents of the community and are now the core of my full time staff".

7. Table 31 details categories within the strengths/positive factors theme. The two categories which recurred most frequently when analyzing this theme were professional attributes (32%) and personal attributes (29%) of refresher graduates. Dedication and commitment to nursing was commented on as a professional attribute by several supervisors, one of whom stated "Their professionalism and dedication to nursing is appreciated by patients and administration". Another

Table 31

Supervisor Open-ended Comments - Strengths/Positive Factors Contributing to Successful Job Performance (n = 31)

Strengths/Positive Factors	Frequency	Percent
Personal Attributes	9	29
Professional Attributes	10	32
Working Relationships	5	16
Adjustment to Nursing Practice	3	10
Knowledge Base/Learning Initiative	4	13

professional attribute which received several comments from supervisors was a demonstrated sense of enjoyment with nursing. This enjoyment is illustrated in the following statements about refresher graduates: "They exhibited a well developed sense of wanting to nurse, knowing and enjoying what they were doing", and "She demonstrates a feeling of caring because she likes her job". Maturity, common sense, self-motivation, caring and responsibility are mentioned as personal attributes of refresher graduates. Of these attributes, maturity was commented on most frequently as illustrated by the following supervisor comment: "This graduate's maturity has been an asset". Williams (1981) agrees with these statements in her comments on refresher graduates from a head nurse's perspective. She states "The older, inactive nurse is likely to bring to your facility a mature, caring person who is motivated to serve, who is dependable and who has integrity" (p. 46).

Sixteen percent of the comments within the strengths/positive factors theme were about refresher graduates' working relationships. Refresher graduates are described as co-operative and willing. One supervisor stated "She is a most positive addition to staff and for staff--valuable when looking at the staffing 'mix'". Positive comments about refresher graduates' knowledge base and learning initiative represented 13% of the comments within the strengths/positive factors theme, while comments regarding rapid adjustment to nursing practice represented 10% of the total comments in this area.

Document Analysis

Six months post-program, follow-up evaluations completed by the supervisors of University of Alberta Hospitals Nursing Refresher Program graduates were examined for their appraisal of graduates' job

performance (see Appendix H). The frequency distribution of fixed-alternative responses is shown in Tables 32 - 35. Open-ended comments regarding performance strengths and performance weaknesses were examined to discover common themes. The frequency distribution within these themes is shown in Tables 36 and 37. The major findings were as follows:

1. When appraising the theoretical knowledge of refresher graduates, 62% of the supervisors agreed that graduates possess theoretical knowledge acceptable for safe nursing practice. Thirty-three percent of the supervisors strongly agree with this statement, while 5% of the supervisors disagree (see Table 32). This compares to the questionnaire responses in which 88% of the supervisors indicated that the graduates were theoretically prepared for nursing practice.

2. The majority of the supervisors (71%) agreed that technical skills of the refresher graduate are acceptable for safe nursing practice. Nineteen percent of the supervisors strongly agreed with this statement while 5% disagreed and 5% neither agreed nor disagreed (see Table 33).

3. When questioned regarding the refresher graduate's use of the nursing process, 53% of the supervisors agreed that the refresher graduate assesses patient needs and is able to establish priorities to meet these needs. Thirty-three percent of the supervisors strongly agreed with this appraisal while 14% of the supervisors disagreed (see Table 34).

4. The supervisors were asked to indicate whether they agreed or disagreed with the statement that refresher graduates continue to

Table 32

Supervisor Post Program Follow-up Evaluation - Adequate Theoretical Preparation for Nursing Practice (n = 21)

Rating		Frequency	Percent
Strongly Disagree	(1)	0	0
Disagree	(2)	1	5
Neither Agree/Disagree	(3)	0	0
Agree	(4)	13	62
Strongly Agree	(5)	7	33

$\bar{X} = 4.2$

Table 33

Supervisor Post Program Follow-up Evaluation - Adequate Technical Skills for Nursing Practice (n = 21)

Rating		Frequency	Percent
Strongly Disagree	(1)	0	0
Disagree	(2)	1	5
Neither Agree/Disagree	(3)	1	5
Agree	(4)	15	71
Strongly Agree	(5)	4	19

$\bar{X}$ = 4.0

Table 34

Supervisor Post Program Follow-up Evaluation - Adequate Use of Nursing Process for Nursing Practice (n = 21)

Rating		Frequency	Percent
Strongly Disagree	(1)	0	0
Disagree	(2)	3	14
Neither Agree/Disagree	(3)	0	0
Agree	(4)	11	53
Strongly Agree	(5)	7	33

$\bar{X} = 4.4$

improve their level of performance and expertise. The supervisors were positive in their response with 47.5% agreeing with this statement, 47.5% strongly agreeing and only 5% disagreeing with this statement (see Table 35).

5. Open-ended comments by the supervisors regarding performance strengths of refresher graduates, revealed 10 areas which were mentioned by at least two respondents, and nine areas mentioned by one respondent. The area mentioned most frequently as a performance strength was assessment skills (17%) with basic nursing care skills the second most frequently mentioned (13%) performance strength. (The graduates mentioned basic nursing care skills most frequently as a preparational strength; see Table 19.) Other strengths (17%) included knowledge of aseptic technique, intravenous therapy and goal setting (see Table 36).

6. Open-ended comments by the supervisors, regarding performance weaknesses of refresher graduates revealed 11 areas. The frequency distribution of responses regarding these areas of performance weakness was narrow (6% to 12%). Knowledge and skill required to perform complex procedures was mentioned most frequently (12%) as a performance weakness. Other weaknesses (16%) included medication administration and problem solving (see Table 37).

7. Several supervisors made general open-ended comments about the refresher graduates. A salient feature of these comments was that they were all positive. One supervisor stated the refresher graduate was "a gem to have on the team", while another stated that "a combination of previous nursing experience and refresher knowledge is valuable".

Table 35

Supervisor Post Program Follow-up Evaluation - Continued

Performance Improvement (n = 21)

Rating		Frequency	Percent
Strongly Disagree	(1)	0	0
Disagree	(2)	1	5
Neither Agree/Disagree	(3)	0	0
Agree	(4)	10	47.5
Strongly Agree	(5)	10	47.5

$\bar{X} = 4.4$

Table 36

Supervisor Post Program Follow-up Evaluation - Open-ended Comments Regarding Performance Strengths (n = 52)*

Strengths	Frequency	Percent
Assessment Skills	9	17
Basic Nursing Care	7	13
Medication Administration	6	11
Organizational Skills	5	10
Theoretical Preparation	4	8
Patient Teaching	3	6
Planning/Priority Setting	3	6
Communication Skills	2	4
Kindness/Caring	2	4
Charting	2	4
Other	9	17

*n = total number of open-ended comments regarding performance strengths

Table 37

Supervisor Post Program Follow-up Evaluation - Open-ended Comments Regarding Performance Weaknesses (n = 33)*

Weaknesses	Frequency	Percent
Complex Procedures	4	12
Assessment Skills	3	9
Organizational Skills	3	9
Coping with Normal Workload	3	9
Intravenous Therapy	3	9
Lack of Confidence	2	6
Administrative SKills	2	6
Technical Skills	2	6
Writing Nursing Care Plans	2	6
Leadership Role	2	6
Emergency Response	2	6
Other	5	16

*n = total number of open-ended comments regarding performance weaknesses

Problem 4 - Variables Affecting Job Performance Self-Appraisal

In this section, the results of the data analysis are reported and the findings about the variability in job performance self-appraisal according to prior nursing experience and length of inactivity from nursing are presented. The variability in job performance self-appraisal is described according to the graduates' perception of difficulties experienced within the first six months of post-program employment. Findings are also reported regarding the variability in job performance as described according to the graduates' perception of their theoretical and clinical preparation.

Questionnaire Findings

The cross tabulation of graduates' responses to questions about their job performance with responses to questions about length of absence from nursing and prior nursing experience is shown in Tables 38 and 39. Chi-square analysis was used to identify relationships and alpha was set at .05. The major findings were as follows:

1. When the presence of initial difficulties in job performance was cross tabulated with years absent from nursing, and prior nursing experience it was shown that there was no significant relationship between the occurrence of initial difficulties in job performance and years absent from nursing; however, a significant relationship was found between the occurrence of initial difficulties in job performance and prior nursing experience. (As the years of prior nursing experience increased, the number of graduates who reported initial difficulties in job performance decreased; see Table 38.)

2. There was a significant relationship between initial difficulties in medication administration and years absent from nursing

Table 38

Relationship Between Initial Difficulties in Job Performance, Prior Nursing Experience and Years Absent from Nursing

Variables	Initial Difficulties
Years Absent	Not Significant
Years Experience	Significant

Table 39

Relationship Between Initial Difficulties in Job Performance, Prior Nursing Experience and Years Absent from Nursing

Initial Difficulties	Years Absent	Years Experience
Feelings of Inadequacy	Not Significant	Significant
Heavy Workloads	Not Significant	Not Significant
Medication Administration	Significant	Not Significant
Interpersonal Relationships	Not Significant	Not Significant
Other	Not Significant	Not Significant

X^2 = level of significance .05

prior to enrolling in the refresher program (see Table 39). (As the years absent from nursing increased, the number of graduates who reported initial difficulties in medication administration increased.)

3. There was no significant relationship between years absent from nursing and initial feelings of inadequacy, initial difficulties with heavy workloads or initial difficulties with interpersonal relationships (see Table 39).

4. There was a significant relationship between feelings of inadequacy and the number of years of prior nursing experience. (As the number of years of prior nursing experience increased, the number of graduates who reported initial feelings of inadequacy in job performance decreased.)

5. There was no significant relationship between years of prior nursing experience and initial difficulties with heavy workloads, medication administration or interpersonal relationships (see Table 39).

6. There was a significant relationship between clinical preparation and the number of years of prior nursing experience. (As the number of years of prior nursing experience increased, the number of clinical components identified as lacking in refresher graduate preparation decreased; see Table 40.)

7. There was no significant relationship shown between theoretical preparation and the number of years of prior nursing experience (see Table 40).

8. There was no significant relationship shown between theoretical or clinical preparation and the years absent from nursing (see Table 40).

Table 30

Relationship Between Theoretical and Clinical Preparation, Prior Nursing Experience and Years Absent from Nursing

Variables	Theoretical Strengths	Theoretical Weaknesses	Clinical Strengths	Clinical Weaknesses
Years Absent	$p>.05$	$p>.05$	$p>.05$	$p>.05$
Years Experience	$p>.05$	$p>.05$	$p>.05$	$p<.05$

Open-ended Comments

The refresher graduates' open-ended comments regarding strengths/positive factors and difficulties in their job performance were examined in relationship to years absent from nursing and prior nursing experience. The frequency distribution of these comments is shown in Tables 41 and 42. The major findings are as follows:

1. When the frequency of refresher graduates' open-ended comments regarding job performance strengths/positive factors were categorized according to years absent from nursing (see Table 41) the frequency of responses did not reveal a relationship pattern. This finding supports previous findings shown in Table 40, which state there was no significant relationship between theoretical or clinical preparation and years absent from nursing.

2. When the frequency of refresher graduates' open-ended comments regarding difficulties in job performance were categorized according to years absent from nursing (see Table 42) the frequency of responses appeared to decrease as the years absent from nursing increased. This would suggest that graduates who had been absent from nursing for longer periods of time commented on fewer difficulties. The small number of responses (n = 9), however, would preclude definitive conclusions based on this pattern of responses. Earlier findings, as shown in Table 38, state that there was no significant relationship found between years absent from nursing and initial difficulties in job performance.

3. The frequency of refresher graduates' open-ended comments regarding job performance strengths/positive factors were categorized according to the number of years of previous nursing experience (see Table 41). As the number of years of experience increased the frequency

Table 41

Graduate Strengths/Positive Factors as Related to Years Absent from Nursing and Years Experience in Nursing (n = 14)*

Years Absent	Frequency	Percent
0 - 5	1	7
6 - 10	4	29
11 - 15	8	57
16 - 20	0	0
21 or More	1	7

Years Experience	Frequency	Percent
0 - 5	8	57
6 - 10	4	29
11 - 15	2	14
16 - 20	0	0
21 or More	0	0

*n = total number of open-ended comments regarding strengths/positive factors

Table 42

Graduate Difficulties as Related to Years Absent from Nursing and Years Experience in Nursing (n = 9)*

Years Absent	Frequency	Percent
0 - 5	0	0
6 - 10	4	45
11 - 15	3	33
16 - 20	1	11
21 or More	1	11

Years Experience	Frequency	Percent
0 - 5	3	33
6 - 10	6	67
11 - 15	0	0
16 - 20	0	0
21 or More	0	0

*n = total number of open-ended comments regarding difficulties

of responses regarding job performance strengths/positive factors decreased. The small number (n = 14) of responses again would preclude definitive conclusions based on this pattern of responses. Earlier findings, as shown in Table 40, state that there was no significant relationship found between the number of years of prior nursing experience, and theoretical and clinical strengths.

4. The frequency of refresher graduates' open-ended comments regarding difficulties in job performance were categorized according to the number of years of previous experience (see Table 42). As the number of years of experience increased the frequency of responses regarding difficulties in job performance increased. A possible explanation for this pattern of responses is that refresher graduates with more experience have greater performance expectations, and therefore, report more difficulties in job performance than refresher graduates with less experience. The small number of responses (n = 9) would not support definitive conclusions in this area however. These findings are also not supported by earlier findings (see Table 38) which state that there was a significant relationship found between prior nursing experience and initial difficulties in job performance. (As the years of prior nursing experience increased, the number of graduates who reported initial difficulties in job performance decreased.)

Problem 5 - Extent of Agreement/Disagreement Between Graduate Performance Self-Appraisal and Supervisor Performance Appraisal

In this section, findings regarding the congruency between refresher graduates' job performance self-appraisal and the job performance appraisal of their supervisors is reported. This congruency is described as a measure of the extent of agreement/disagreement

between graduates' questionnaire responses and supervisors' questionnaire responses.

Questionnaire Findings

The responses of refresher graduates to questions about their theoretical and clinical preparation and initial difficulties in job performance were cross-tabulated with supervisors' responses to questions about the graduates' theoretical and clinical preparation. The extent of agreement and disagreement in their responses is shown in Tables 43 and 44. The major findings were as follows:

1. In their appraisal of refresher graduate theoretical preparation graduates' and supervisors' responses showed the greatest agreement in their assessment of preparedness in the nursing process (97% agreement). There were no graduates who felt they were lacking in nursing process theory and only one (3%) supervisor felt that the graduate was lacking in this area (see Table 43).

2. The extent of agreement between graduates and supervisors was the lowest in their appraisal of graduates' theoretical preparation in "new" technology (59%). A possible reason for this discrepancy in graduate and supervisor perceptions is that the graduates functioned knowledgeably and competently with "new" technology even though they perhaps felt inadequate in this area. This explanation is supported by the fact that only two (6%) of the supervisors felt that the graduates were lacking in preparation in "new" technology (see Table 43).

3. The extent of agreement in graduates' and supervisors' appraisals regarding theoretical preparation was between 81% and 94% in the remaining theoretical areas surveyed (see Table 43). The average agreement in all areas of theoretical preparation was 88%. This high

Table 43

Graduate/Supervisor Agreement Regarding Theoretical Preparation for Successful Job Performance

Theoretical Content	% Agreement	% Disagreement
Obstetrics	81	19
Geriatrics	91	9
Paediatrics	81	19
Anatomy	97	3
Physiology	94	6
Psychology	88	12
Pharmacology	88	12
Nursing Process	97	3
Parenteral Fluid Therapy	91	9
"New" Technology	59	41
Medical/Surgical Nursing Concepts	94	6
Reporting/Recording	81	19
Other	94	6

$\bar{X}$ % Agreement = 88

$\bar{X}$ % Disagreement = 12

degree of agreement indicates that graduates' and their supervisors have similar perceptions regarding the theoretical preparedness of the refresher graduate as related to job performance.

4. The clinical content area which received the highest percentage of agreement in graduate and supervisor responses was medical/surgical nursing skills (97%). There were no graduates who felt they were lacking in medical/surgical nursing skills, and only one (3%) supervisor felt that the graduate was lacking skills in this area (see Table 44).

5. The extent of agreement between graduates and supervisors was the lowest in their appraisal of graduates' clinical preparation in initiation/care of IV infusions (66%). This difference in graduate and supervisor appraisal may be due in part to a difference in expectations in this clinical area. Supervisors may expect refresher graduates to initiate IV infusions when they commence employment, but this skill is not part of the refresher program curriculum.

6. The extent of agreement in graduates' and supervisors' appraisals of clinical preparation was between 75% and 94% in the remaining clinical areas surveyed. The average agreement in all areas of clinical preparation was 81% (see Table 44). There was a higher degree of agreement between graduates' and supervisors' appraisals of theoretical preparation than appraisals of clinical preparation.

Open-ended Comments

Open-ended comments made by refresher graduates were compared with open-ended comments made by their supervisors. The number of comments made by each group and the presence of common themes regarding refresher graduate job performance are shown in Tables 45 and 46. The major findings were as follows:

Table 44

Graduate/Supervisor Agreement Regarding Clinical Preparation for Successful Job Performance

Clinical Content	% Agreement	% Disagreement
Nursing Assessment	84	16
Equipment Utilization	75	25
Initiation/Care of IV Infusions	66	34
Obstetrical Nursing Skills	81	19
Paediatric Nurtsing Skills	78	22
Long Term Care Nursing SKills	75	25
Medical/Surgical Nursing Skills	97	3
Leadership Skills	81	19
Other	94	6

$\bar{X}$ % Agreement = 81

$\bar{X}$ % Disagreement = 19

1. Sixty-nine percent of the supervisors chose to make open-ended comments while only 43% of the refresher graduates chose to make open-ended comments (see Table 45).

2. A total of 49 comments were made by the 23 refresher graduates who chose to respond. The average number of comments per graduate was 2.1. A total of 42 comments were made by 22 supervisors who chose to respond. The average number of comments per supervisor was 1.9 (see Table 45).

3. The theme which recurred most frequently when analyzing refresher graduates' and supervisors' open-ended comments was strengths/positive factors which contributed to successful job performance. The second most common theme in refresher graduates' and supervisors' open-ended comments was initial difficulties in job performance (see Tables 14 and 30).

4. Seventy-four percent of the supervisors' open-ended comments discussed strengths/positive factors of refresher graduates and their job performance. Twenty-nine percent of the refresher graduates' open-ended comments discussed strengths/positive factors in their job performance (see Tables 14 and 30). A possible explanation for this discrepancy in open-ended comments is that supervisors perceive strengths/positive factors in refresher graduates performance while the refresher graduates do not perceive these same strengths/positive factors due to their feelings of inadequacy (see Table 12).

5. Fourteen percent of the supervisors' open-ended comments discussed initial difficulties in refresher graduate performance. Eighteen percent of the refresher graduates' open-ended comments discussed initial difficulties in their job performance.

Table 45

Number of Graduate/Supervisor Open-ended Comments

Open-ended Comments	Refresher Graduates	Supervisors
Number of Respondents	23 (43%)	22 (69%)
Total Number of Comments	49	42
Average Number of Comments	2.1	1.9

Additional Findings

It is interesting to note that with few exceptions there were no significant differences shown in questionnaire responses between the two nursing refresher programs studied. Results of qualitative analysis (i.e., open-ended comments), supported this similarity of responses. A comparison of refrehser program outcomes, however, suggests further evaluative research.

Demographic Information

In this section the demographic findings are analyzed and the results are discussed within the context of two areas: (a) demographic information was obtained (Questions 12 - 17; see Appendix E) in order to obtain a descriptive profile of the Alberta Refresher graduate of 1987 and 1988. This information is compared with similar information obtained by Moore and Thurston (1983); and (b) questions regarding absence from nursing prior to the refresher program, and amount of previous nursing experience, also provided information useful in addressing sub-problem 4.

Questionnaire Findings

The frequency distribution of responses of Alberta Nursing Refresher graduates of 1987 and 1988 to questions about their absence from nursing, prior nursing experience, age, marital status, basic nursing education, and reason for enrolling in a refresher program is shown in Table 46. The major findings were as follows:

1. The largest numbers of refresher graduates had been absent from nursing 11 - 15 years (39%) or 6 - 10 years (26%); for a total of 65% who had been absent from nursing for between 6 and 15 years prior to their refresher program.

Table 46

Demographic Characteristics of Refresher Graduates (n = 54)

Years Absent from Nursing		Frequency	Percent
0 - 5	(1)*	5	9
6 - 10	(2)*	14	25
11 - 15	(3)*	21	39
16 - 20	(4)*	9	17
21 or more	(5)*	5	9

*$\bar{X}$ = 2.9

Previous Nursing Experience		Frequency	Percent
0 - 5	(1)*	29	54
6 - 10	(2)*	18	33
11 - 15	(3)*	5	9
16 - 20	(4)*	2	4

*$\bar{X}$ = 1.63

Table 46 continued

Age		Frequency	Percent
20 - 34	(1)*	2	4
35 - 44	(2)*	37	68
45 - 54	(3)*	15	28

*$\bar{X}$ = 2.24

Marital Status		Frequency	Percent
Single	(1)*	0	0
Married	(2)*	45	83
Other	(3)*	9	17

*$\bar{X}$ = 2.17

Basic Nursing Education		Frequency	Percent
Hospital	(1)*	44	81
College	(2)*	1	2
University	(3)*	2	4
Combination	(4)*	7	13

*$\bar{X}$ = 1.48

$\bar{X}$ = the mean of the response choice (i.e., (1), (2), (3), (4), (5))

2. The largest proportion (54%) of the graduates had between 0 and 5 years previous nursing experience before enrolling in the refresher program. A total of 87% of the graduates had less than 11 years previous nursing experience.

3. Most of the graduates (68%) were between 35 - 44 years of age. Only 4% of the graduates were younger than 35 years.

4. Eighty-three percent of the graduates were married; the remainder were no longer married.

5. The largest percentage (81%) of the graduates received their basic nursing education from a hospital based school of nursing.

6. The most commonly identified reason for deciding to enroll in a refresher program was in order to return to the workforce (57%). The average number of reasons identified by each graduate was 1.7 (see Table 47).

These demographic findings are similar to those reported by Moore and Thurston (1983) (see Figure 4). They reported that prior to enrolling in a refresher program most of the respondents (59%) had been absent from nursing for between 6 and 15 years. The majority of their respondents enrolled in a refresher program between 35 - 44 years of age (52%) and 45 - 54 years of age (31%). Only 6.7% of these nurses were not married when they enrolled in a refresher program, and 83% of the respondents specified they had received their basic nursing education from a hospital school of nursing. The primary reason that respondents enrolled in a refresher program was to return to the workforce (57%) (see Table 48).

Table 47

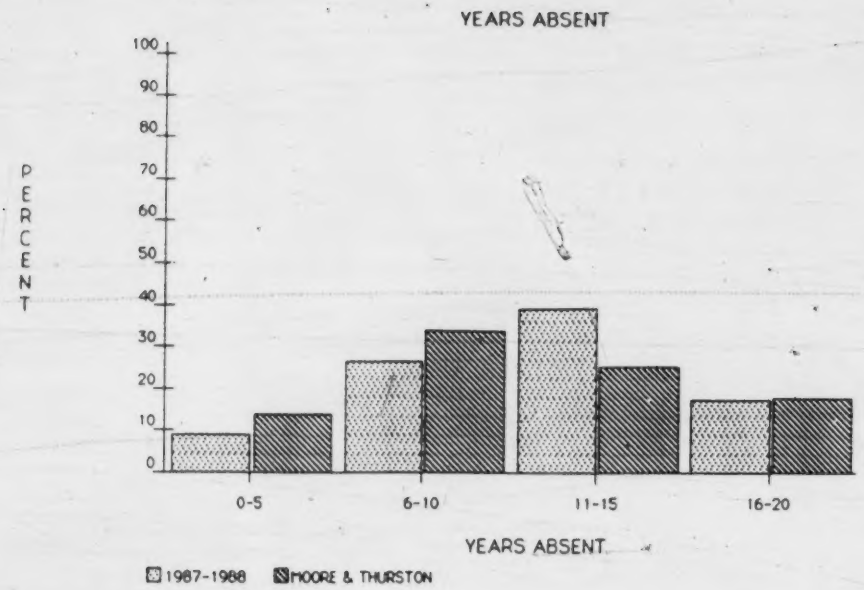
Primary Reason to Enroll in Refresher Program (n = 54)

Primary Reason	Frequency	Percent*
Return to Workforce	31	57
Self Improvement/Esteem	24	44
Reduce Financial Burden	17	32
Program Availability	13	24
Improved Salary in Nursing	2	4
B.Sc.N. Requirement	2	4
Other	4	7

$\bar{X}$ = 1.7

*$\bar{X}$ = average number of reasons identified by each graduate; therefore, the total percentage of responses is greater than 100

Figure 4. Comparison of demographic information: Present study/Moore and Thurston study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90
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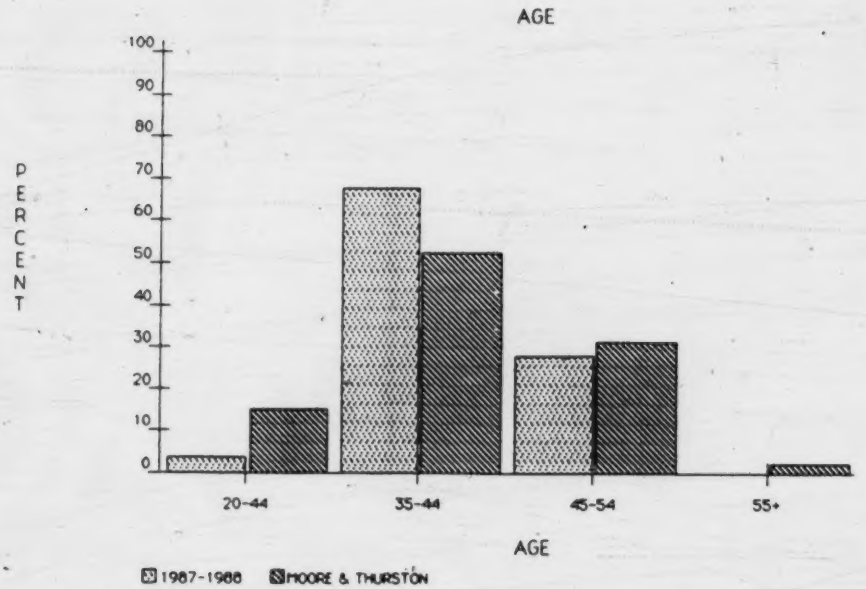
0-5
6-10
11-15
16-20
YEARS ABSENT
1987-1988
MOORE & THURSTON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35-44
45-54
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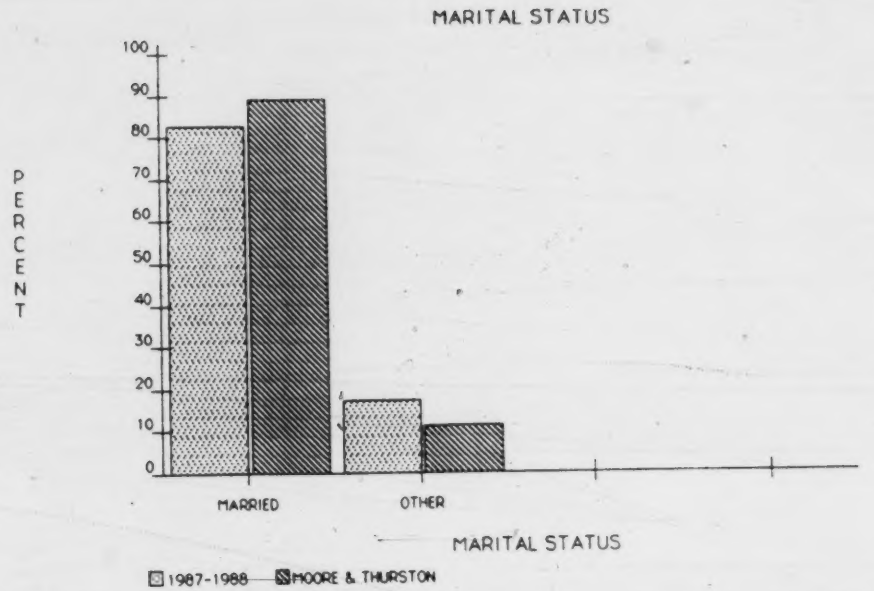
1987-1988
MOORE & THURSTON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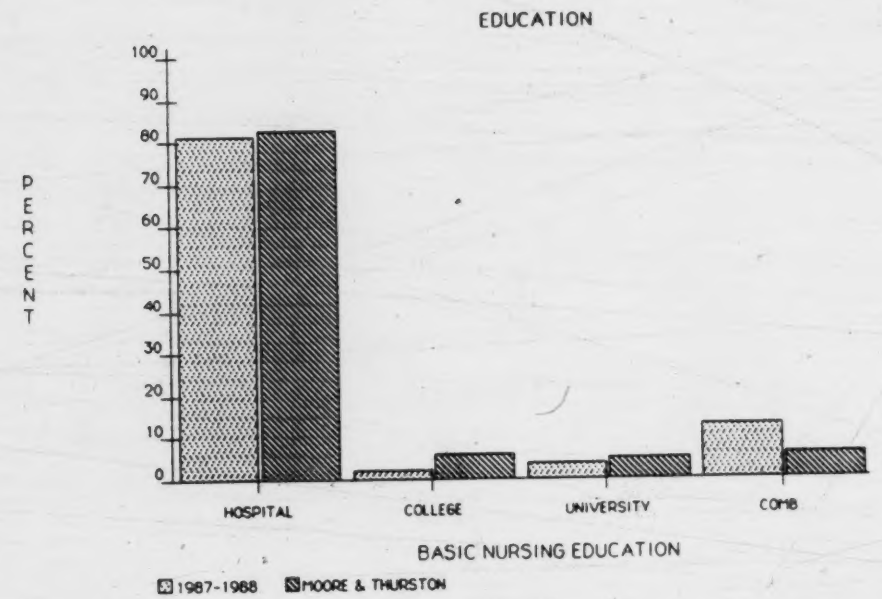
MOORE & THURSTON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BASIC NURSING EDUCATION
1987-1988
MOORE & THURSTON

Table 48

Demographic Characteristics of Refresher Graduates - 1987-1988 Survey/Moore and Thurston Survey

Years Absent from Nursing	1987-1988	Moore and Thurston
0 - 5	9%	14%
6 - 10	26%	34%
11 - 15	39%	25%
16 - 20	17%	18%
21 or More	9%	9%

Age	1987-1988	Moore and Thurston
20 - 34	4%	15%
35 - 44	68%	52%
45 - 54	28%	31%
55 or More	0%	2%

Marital Status	1987-1988	Moore and Thurston
Married	83%	89%
Other	17%	11%

Basic Nursing Education	1987-1988	Moore and Thurston
Hospital	81%	83%
College	2%	6%
University	4%	5%
Combination	13%	6%

Primary Reason to Enroll	1987-1988	Moore and Thurston
Return to Workforce	57%	57%

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter presents the summary, conclusions and recommendations of the study. The summary section includes the purpose, literature review, methodology, data analysis, and findings. The conclusions derived from the findings are presented in the second section, and the final section comprises the recommendations from the study findings.

Summary

Purpose

Nursing Refresher Programs in Alberta have been administered by Grant MacEwan Community College and the University of Alberta Hospitals in the past few years. In order to assess the impact of nursing refresher graduates on nursing practice within Alberta, a follow-up evaluation study of these graduates was undertaken. The purpose of this study was to identify the short term impact of Alberta Nursing Refresher Programs on graduates' first job selection and first job performance appraisal, and to determine how this varies with prior nursing experience and length of professional inactivity.

The following research questions about Alberta Nursing Refresher Program graduates were addressed in this study:

1. What areas of clinical practice do Alberta Nursing Refresher Program graduates choose for their first job following program completion?

2. What appraisal do Alberta Nursing Refresher Program graduates give to their job performance six months following commencement of their first job following program completion?

3. What appraisal do supervisors give to the job performance of Alberta Nursing Refresher Program graduates six months following first job commencement?

4. What is the relationship between Alberta Nursing Refresher Program graduates' job performance self-appraisal and the two variables (a) length of prior nursing experience and (b) length of time away from nursing?

5. What is the relationship between Alberta Nursing Refresher Program graduates' job performance self-appraisal and the job performance appraisal of their supervisors?

Relationship of the Literature Review to this Study

A review was made of the literature on evaluation theories and models, program evaluation, evaluation studies in nursing education and nursing refresher programs.

Based on the major evaluation theorists which were reviewed, Yeaw presents a theoretical model for evaluation of continuing education programs in nursing. Yeaw's model provided the direction and framework for this evaluation study in which the focus is on consequence and answers the question, "What did the learner do with what he/she learned?"

Literature on program evaluation examined the types of information useful in decision making. The roles of process and product evaluation were discussed and the relative importance of each was reviewed.

Current literature in the field of evaluation studies in nursing education was examined in relationship to the use of a conceptual framework or model.

The final section of the literature review explored the purposes and importance of nursing refresher programs, the history of refresher programs in Alberta and the characteristics of nursing refresher learners. Follow-up studies of refresher programs were examined and the need for a greater number of such studies was indicated. Data from existing outcome studies of nursing refresher graduates was discussed, particularly as it related to the purposes of this study.

Methodology

A descriptive survey design based on a theoretical framework by Yeaw (see Figure 1) was used for this follow-up evaluation of Alberta Nursing Refresher Programs. The concepts of Tyler, Scriven, Stake, and Stufflebeam identified the factors to be considered when planning and conducting this evaluation.

Data description. Data were collected from the 1987 and 1988 graduate population of the University of Alberta Hospitals Nursing Refresher Program and Grant MacEwan College Nursing Refresher Program. Permission was requested from graduate respondents to contact their employers (six months post-program) and data was also collected from those employers for whom permission was granted.

Data collection. Questionnaires based on those developed by Moore and Thurston (1983) were used to collect the data. Questionnaires were mailed to 86 graduates and resulted in a 75% response; and 37 supervisors which resulted in an 84% response of completed questionnaires. Data was also collected from post-program evaluations completed by graduates of the University of Alberta Hospitals Nursing Refresher Program. Similar post-program evaluations had not been

completed by graduates of Grant MacEwan College Nursing Refresher Program, and therefore, were not available for analysis.

Data compilation and analysis. The data obtained from the questionnaires were analyzed using the Statistical Package for the Social Sciences (SPSSx) and was organized into tables with the use of descriptive statistics. The following analyses were used in this study:

1. measures of central tendency and measures of variation;
2. content analysis of open-ended responses;
3. frequency and percentage distribution;
4. cross tabulations between graduate responses and supervisor responses; and
5. chi-square test to analyze the relationship between prior nursing experience and length of inactivity from nursing as related to job performance.

Findings

Problem 1 - Employment Status of Refresher Graduates (Tables 1 - 7)

Ninety-five percent of the nursing refresher graduates returned to nursing practice. The vast majority of these refresher graduates (94%) had no difficulty finding employment. Upon returning to nursing practice the majority were employed as staff nurses in a general hospital and worked on a part-time casual basis. Approximately one-half of the graduates worked in a medical/surgical area, while one-quarter worked in a geriatric setting and roughly one-quarter worked in a rural hospital in which a combination of several clinical areas was reported. The size of the health care agency varied from less than 100 beds to 1200 beds.

Problem 2 - Graduates' Appraisal of Job Performance (Tables 8 - 12)

Graduates identified twice as many theoretical strengths in job performance as theoretical areas considered lacking in nursing refresher preparation. Knowledge of disease processes, body systems and pharmacology were identified most frequently as theoretical strengths, while knowledge of "new" technology and reporting/recording were identified as theoretical weaknesses.

Graduates identified an average of 2.7 clinical strengths beneficial to job performance, while an average of 1.6 clinical weaknesses were identified. Practice of skills/procedures and nursing assessment were listed most frequently as clinical strengths. Equipment utilization and long term care nursing skills were listed most frequently as clinical weaknesses in refresher preparation for job performance. A salient feature in these responses is that one-fifth of the graduates did not identify any theoretical or clinical weaknesses in refresher preparation for job performance.

Two-thirds of the graduates identified that they had experienced initial difficulties in nursing practice. The most frequently identified difficulty was that of feeling inadequate.

Open-ended Comments (Tables 13 - 15). Content analysis of the graduates' open-ended comments revealed six major themes:

1. strengths/positive factors contributing to successful job performance was the theme which recurred most frequently. A salient feature within this theme was the frequency of comments regarding the importance of helpful and co-operative co-workers;

2. initial difficulties in job performance most frequently referred to feeling inadequate and lacking confidence;

3. program comments were generally positive;

4. disadvantages of part-time casual employment;

5. importance of continued study (formal and non-formal) following the refresher program; and

6. changes in nursing were identified as both positive and negative.

Document analysis (Tables 16 - 20. Graduate responses, to the fixed-alternative section of the post-program evaluation, were positive in their appraisals of theoretical and clinical preparation and use of the nursing process for nursing practice.

Open-ended comments were made by refresher graduates regarding their performance strengths and performance weaknesses. The area mentioned most frequently as a performance strength was basic nursing care. The area mentioned most frequently as a performance weakness was medication administration. (Medication administration, however, was listed as a performance strength by the same number of graduates.)

Problem 3 - Supervisors' Appraisal of Job Performance

Questionnaire findings (Tables 21 - 28). Supervisors' appraisal of refresher graduates' theoretical and clinical preparation indicate that overall the graduates were prepared for nursing practice. When asked to identify content areas lacking in graduates' preparation, supervisors identified an average of only 0.3 theoretical content areas and 0.7 clinical content areas. Knowledge and skills related to "new" technology and parenteral fluid therapy were identified most frequently as theoretical content areas lacking in graduates' preparation. This finding was in agreement with the clinical content areas identified most frequently as lacking in preparation.

Approximately one-half of the supervisors identified that refresher graduates require differences in orientation as compared to other registered nurses. The difference that was identified most frequently was the requirement of refresher graduates for more "one-to-one" supervision but less formal orientation.

The majority (97%) of supervisors identified unique contributions made by refresher graduates. The contributions identified most frequently were commitment and maturity. The average number of unique contributions identified by each supervisor was 4.5.

Open-ended comments (Tables 29 - 31). Content analysis of the supervisors' open-ended comments revealed three major themes:

1. Strengths/positive factors contributing to successful job performance was the theme which recurred most frequently; the majority of comments within this theme referred to professional and personal attributes of refresher graduates.

2. Initial difficulties in job performance most frequently referred to an initial lack of confidence on the part of refresher graduates; this required extra orientation time at the beginning of employment.

3. Program comments were generally positive.

Document analysis (Tables 32 - 37). In the fixed-alternative section of the post-program evaluation, supervisors were positive in their appraisals of refresher graduates' theoretical and clinical preparation, use of the nursing process and continued performance improvement.

Open-ended comments were made by supervisors regarding refresher graduates' performance strengths and performance weaknesses. The two

areas mentioned most frequently as performance strengths were assessment skills and basic nursing care. The area mentioned most frequently as a performance weakness was a lack of the knowledge and skill required to perform complex procedures.

Problem 4 - Variables Affecting Job Performance Self-appraisal

Questionnaire findings (Tables 38 - 40). There was no significant relationship between years absent from nursing and initial difficulties in refresher graduate job performance. However, when these initial difficulties were further analyzed it was shown that there was a significant relationship between years absent from nursing and difficulties in medication administration. There was no significant relationship between years absent from nursing and theoretical or clinical preparation of refresher graduates.

There was a significant relationship between previous nursing experience and initial difficulties in refresher graduate job performance. When these initial difficulties were analyzed, a significant relationship between previous nursing experience and feelings of inadequacy was demonstrated. There was also a significant relationship between previous nursing experience and clinical preparation of refresher graduates. However, the relationship between previous nursing experience and theoretical preparation of refresher graduates was not significant.

Open-ended comments (Tables 41 - 42). No relationship was found between refresher graduates open-ended comments regarding job performance strengths and years absent from nursing. The pattern of responses regarding job performance difficulties suggested that graduates who had been absent from nursing for longer periods of time

commented on fewer difficulties. This finding does not support earlier study findings.

The pattern of responses regarding refresher graduates' job performance strengths and difficulties and previous nursing experience suggested that, as the years of previous nursing experience increased the frequency of responses regarding performance strengths decreased and the frequency of responses regarding performance difficulties increased. These findings also do not support earlier study findings.

Problem 5 - Extent of Agreement/Disagreement Between Graduate Performance Self-appraisal and Supervisor Performance Appraisal

Questionnaire findings (Tables 43 - 44). Refresher graduates and their supervisors showed overall agreement in their appraisal regarding theoretical preparation for successful job performance. Responses showed the greatest agreement in their assessment of preparation in use of the nursing process; the lowest agreement was found in their appraisal of graduates' theoretical preparation in "new" technology.

Overall agreement was also shown between refresher graduates and their supervisors regarding clinical preparation for successful job performance. Responses in this area showed the greatest agreement in their assessment of medical/surgical nursing skills, and the lowest agreement in their appraisal of graduates' preparation in initiation/care of intravenous infusions.

Open-ended comments (Table 45). Analysis of open-ended comments made by refresher graduates and their supervisors revealed several common themes. The theme which recurred most frequently was strengths/positive factors which contributed to successful job performance. The percentage of supervisor comments within this theme,

however, more then doubled the percentage of graduate comments within the strengths/positive factors theme. The second most common theme in refresher graduates' and supervisors' open-ended comments was initial difficulties in job performance. The difficulty identified most frequently by graduates and their supervisors was an initial lack of confidence.

Demographic Information

Questionnaire findings (Tables 46 - 48). The majority of refresher graduates had been absent from nursing between 6 and 15 years, had between 0 and 5 years previous nursing experience before enrolling in the refresher program, and were between 35 and 44 years of age. Almost all of the graduates were married and had received their basic nursing education from a hospital based school of nursing. The most commonly identified reason for enrolling in a refresher program was in order to return to the workforce.

Conclusions

The following conclusions were based on the findings of the study:

1. Alberta Nursing Refresher Program graduates return to nursing practice and have no difficulty finding employment in nursing.

2. The majority of graduates are employed on a part-time casual basis in a general hospital on a medical/surgical area; other major employers of refresher graduates are geriatric health care agencies and rural hospitals.

3. Overall, graduates are theoretically and clinically well prepared for nursing practice.

4. Performance strengths include basic assessment and nursing care skills related to a sound theoretical base, and personal and professional attributes.

5. Performance weaknesses include difficulties with "new" technology, equipment utilization, complex procedures, parenteral fluid therapy, and medication administration. Initial difficulties in job performance are related to lack of confidence and feelings of inadequacy. Full time workers feel comfortable sooner than part time workers.

6. A supportive environment, with helpful and co-operative co-workers is a critical factor in successful re-entry to nursing practice.

7. Refresher graduates initially lack confidence and, therefore, require more "one-to-one" orientation at the beginning of employment.

8. Refresher graduates make unique contributions to nursing practice. The contributions identified most frequently were commitment and maturity.

9. Graduates and their supervisors are positive in their support of the nursing refresher programs.

10. Graduates and their supervisors agree in their appraisals of graduates' theoretical and clinical preparation for nursing practice.

11. Graduates and their supervisors agree in their appraisals of graduates' performance strengths and weaknesses. Supervisors comment more frequently on graduates' strengths than the graduates themselves.

12. The length of time away from nursing is not significantly related to refresher graduate job performance, except in the area of medication administration.

13. The length of previous nursing experience is significantly related to clinical preparation and initial difficulties in refresher graduate job performance.

14. Demographic information about the refresher graduates is similar to demographic information reported by Moore and Thurston (1983).

Recommendations

The findings from this study are representative of the study participants and do not necessarily reflect the views of other Alberta Nursing Refresher Program graduates. Generalizability is limited, although demographic findings are similar to those of previous nursing refresher graduate studies. Based on these findings, it is recommended that:

1. Alberta Nursing Refresher Programs be continued.

2. The Department of Advanced Education reinstitute funding assistance to Alberta Nursing Refresher Programs, thereby reducing tuition fees, increasing program accessibility and returning increased numbers of inactive nurses to nursing practice.

3. Health care agencies experiencing nursing shortages consider recruitment strategies aimed at the inactive nursing workforce (e.g., payment of tuition fees for the nursing refresher program).

4. A personal interview with prospective refresher program participants be conducted before program commencement to discuss their expectations and the realities of the work situation.

5. Future programs include more focus on practical skills, "new" technology and equipment utilization.

6. Future programs include more focus on developing learner confidence through a process of realistic self-appraisal.

7. New and prospective employers of nursing refresher graduates be carefully advised of the initial orientation needs of the nursing refresher graduate and be prepared to invest time in orientation and support.

8. Nursing refresher graduates be strongly encouraged to work full time for at least six months after completing a refresher program.

9. Further studies of nursing refresher graduates be conducted to derive more information on predictors of successful re-entry into nursing practice.

10. Follow-up studies of nursing refresher graduates be conducted to assess long term work patterns.

11. Follow-up evaluation of nursing refresher graduates be conducted on a regular basis to monitor their needs and the needs of their employers.

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APPENDIX A

Purpose and Objectives

University of Alberta Hospitals

Nursing Refresher Program

2.0 PURPOSE

The purposes of the UAH Nursing Refresher Program are to:

2.1 facilitate the learner to regain the confidence needed to function in his/her professional role as a registered nurse.

2.2 provide the learner with an overview of the changing role of the nurse in today's health care delivery system.

2.3 provide the learner with the opportunity to review and update nursing knowledge and practice in the areas of adult medical and surgical nursing.

3.0 OBJECTIVES

At the completion of the UAH Nursing Refresher Program the graduate will:

3.1 demonstrate accountability and responsibility for quality assurance in professional nursing practice.

3.2 demonstrate the ability to apply the nursing process in the provision of safe nursing care at the level of the beginning practitioner.

3.3 demonstrate effective communication skills when communicating with patients and their significant others, as well as other health care professionals.

3.4 work within policies, statutes and codes of ethics relevant to the profession, the University of Alberta Hospitals, and the UAH Nursing Refresher Program.

APPENDIX B

Purpose and Conceptual Framework

Grant MacEwan Community College

Nursing Refresher Program

The Program

Purpose:

The Nursing Refresher Program is designed to meet the needs of registered nurses who have been out of practice for a minimum of five years and who wish to refresh their knowledge and skills in preparation for returning to practice. Because these students differ widely in the amount and type of 'refreshing' required, an individualized, student-paced, mastery-oriented learning system has been designed to provide each student with the learning experiences needed by that student in both the theory and clinical areas. Both the content and the learning system are described in the following pages.

Content:

Conceptual Framework

From the inception of nursing until the 1960's, nursing practice was based on a model which emphasized causes of disease and treatment based on doctor's orders. As early as 1960, nursing leaders demonstrated that nursing does have a unique function based on a solid knowledge foundation and characterized by specialized expertise. Nursing also broadened its dimensions to include care during illness as well as promotion of health and the prevention of illness. The realization of the uniqueness of nursing gave rise to nursing models.

This refresher program is based on a model which describes the context of nursing. The recipient of nursing care is man, and the nurse's goal is to help man achieve optimal health. Nursing interventions are directed towards the critical periods in an individual's life. The sources of these critical periods are:

a) stages of growth and development

b) lifestyle (patterns of living in response to environmental and organismic forces)

c) unanticipated events (disorders or occurrences unexpected by the individual)

These three sources of critical periods are interrelated and cannot be viewed independently because man functions as an integrated whole.

When giving nursing care, one reinforces appropriate modes of adaptation by preventing, supporting or altering stimuli. In order to determine the correct action, the nurse must identify the source of the stimuli. In other words the nurse does a nursing assessment, the first step of the nursing process.

Planning of an appropriate mode of adaptation is enhanced by the nurse's physiological, psycho-social and legal-ethical knowledge base. With this broad knowledge base the nurse has the capacity to organize interactions systematically and to demonstrate her competence.

There are four exemplary characteristics of a practising nurse:

1. Nurses are guided by a mental image which identifies the focus for the independent practise of nursing.

2. Nurses systematically implement, communicate, validate records and update all steps of the nursing process in conjunction with the client.

3. Nurses establish the helping relationship as the basis for client/nurse interaction

4. Nurses fulfill professional responsibilities in their independent, inter-dependent and dependent functions.

This model of nursing permeates the study materials which the student in this program will use. It was prepared by the Canadian Nurses Association.

APPENDIX C

Standards for Refresher Programs

Framework

The A.A.R.N. Nursing Practice Standards (A.A.R.N., 1980) also provided the foundation for the development of three sets of standards for refresher programs:

Structure Standards - pertaining to the environment within which teaching/learning takes place and the content of the program

Process Standards - pertaining to the teaching/learning process

Outcome Standards - pertaining to the desired effect of the teaching/learning on the student.

Standards

Structure Standards

1. The sponsoring organization responsible for administering the refresher nursing program has written statements outlining the scope of the program's responsibilities.

   1.1 The philosophy and purpose of the program is consistent with the philosophies of the A.A.R.N. and the sponsoring organization. The philosophy specifically:

   1.1.1 contains belief statements about human beings, society, health, nursing, education, nursing education, recredentialing education, and learners

   1.1.2 addresses beliefs about the independent and interdependent role of the nurse

   1.1.3 addresses beliefs about the rights of patients/clients and personnel (Code of Ethics/advocacy role)

1.5.3 The teachers/tutors have at minimum a baccalaureate degree, preferably in nursing, with educational and experiential background which includes teaching and expertise in the subject matter and is registered as a nurse in Alberta.

1.5.4 The individuals responsible for clinical supervision are registered nurses in Alberta preferably with a baccalaureate degree in nursing, knowledgeable in the content, and competent in the clinical area in which they will be teaching.

1.6 The personnel are sufficient in number and quality to create an environment which is conducive to the achievement of the program objectives.

1.7 The policies and rules of procedure of the sponsoring organization and the refresher program are in written form, are periodically reviewed, and those of the refresher program include at minimum:

1.7.1 personnel policies including orientation of teachers/tutors, clinical teachers to their role and the teaching/practice setting, and liaison/support with the program director

1.7.2 student selection and intake policies which are congruent with the philosophy and nature of the program

1.7.3 a method of verification of the applicant's eligibility for nurse registration before being accepted in the program

1.7.4 provision for extended or shortened clinical experience based on individual learning needs

1.7.5 a method to ensure completion of the refresher program within the time frame established by the sponsoring organization

1.7.6 evaluation of the student's clinical performance (theory and practice).

2. The program is designed and developed with adequate resources to accommodate the teaching/learning process and the intended outcomes.

2.1 There is evidence of adequate financial support to develop, implement, and evaluate the program (funding and/or fees).

2.2 There is financial support and sufficient time allotted for systematic and ongoing revision of the program.

2.3 The learning resources are adequate to support the content and learning experiences, e.g., a library, audio/visual aids, physical facilities.

2.4 The clinical practice areas:

2.4.1 are accredited or have given evidence that they meet standards

2.4.2 have an ongoing program for monitoring the quality of care

2.4.3 reflect the structure, process, and outcome criteria as specified in the A.A.R.N. Nursing Practice Standards (pp. 1-6).

3. The curriculum is developed, organized, implemented, and evaluated within the framework of the philosophy, purpose, and objectives of the refresher program.

3.1 The terminal objectives of the program:

3.1.1 reflect the outcome standards of refresher programs

3.1.2 encompass the cognitive, affective, and psychomotor domains

3.1.3 are observable and measurable.

3.2 The learning experiences:

3.2.1 are an integral part of meeting the terminal objectives

3.2.2 progress in a logical sequence

3.2.3 reflect the interdependency of theory and clinical experience.

3.3 The program content includes biological, physical, behavioral, and social sciences, is based on current models of nursing practice, and incorporates professional nursing responsibilities.

4. There is a plan to conduct a program evaluation on a regular basis.

4.1 The program evaluation plan:

4.1.1 reflects both formative and summative evaluation components

4.1.2 ensures that incongruencies between what was intended and what was achieved are easily identified

4.1.3 provides evidence that the following will be assessed:

4.1.3.1 the strengths and weaknesses of the instructional methods

4.1.3.2 the suitability of the physical and/or clinical facilities

4.1.3.3 the learner's achievement of the terminal objectives

4.1.3.4 the scope, resources, and learning experiences.

4.2 The findings of the evaluation serve as a basis for improving, planning, and implementing future refresher programs.

Process Standards

1. The faculty develops, uses, reviews, and communicates the elements contained in the scope of the program.

2. The faculty uses the available resources effectively in designing, developing, implementing, and evaluating the program.

3. The faculty develops, organizes, implements, and evaluates the curriculum to insure consistency with the philosophy, purpose, and objectives of the program.

4. The faculty participates in the implementation of the plan to evaluate the program.

Outcome Standards

1. The graduate of the program will be able to practice within the scope of the beginning practitioner in nursing and will be able to direct nursing care towards:

   1.1 clients who need information, assistance or support to promote and maintain health

   1.2 clients who are in need of preventative health services, diagnostic evaluation, or are experiencing acute or chronic illness

   1.3 clients' responses to common, well defined problems/needs throughout the lifespan

   1.4 clients' relationships within a family, group or community.

2. The graduate of the program will be able to practice at the level of the beginning practitioner in nursing and will:

   2.1 use the nursing process in the delivery of nursing care

   2.2 use nursing interventions based on accepted nursing principles where probable outcomes are predictable

   2.3 safely perform nursing skills using cognitive, psychomotor, and affective capabilities

   2.4 understand and utilize quality assurance principles in everyday nursing practice.

3. The graduate of the program will be able to practice within a structured setting where practice is guided directly or indirectly by a more experienced registered nurse and will:

   3.1 use appropriate channels of communication

   3.2 collaborate with other members of the health care team

   3.3 coordinate own work with other members of the health care team.

4. The graduate of the program will be able to:

   4.1 respect and work within statutes/policies and code of ethics relevant to the profession, program, and the practice setting (C.N.A., 1980)

   4.2 identify ethical/legal issues confronting nurses

   4.3 demonstrate personal responsibility and accountability for quality assurance in nursing practice.

APPENDIX D

Correspondence

Foothills Hospital

1403 - 29 St. N.W.
CALGARY, ALBERTA T2N 2T9
(403) 270-1110

1989 - 05 - 16

Ms. Gloria McKee
Nursing Education and Research
University of Alberta Hospitals
8440 - 112 Street
Edmonton, Alberta.
T6G 2B7

Dear Gloria:

In response to your request to use portions of the questionnaires developed previously for Nursing Refresher Program graduates, we are pleased to grant this permission. If there is additional information or data required, please do not hesitate to contact us.

May we wish you success in your research activities. We would appreciate receiving a copy of your findings when they are available.

Sincerely,

Norma E. Thurston (in collaboration with I. Ray 1989)

Norma E. Thurston
Director of Nursing
Research, Education and Quality
Assurance Programs

NET/fm

Linda Bongiorno Brown
214 eV. Boundary Street
Chapel Hill, eNorth Carolina 27514
march 14, 1989

Dear Ms. McKee,

Enclosed is the questionnaire we used in our descriptive study. I hope it will be useful I am currently considering a second followup since we have many more former participants to include. We have also experienced an increased interest in the course and are now offering it twice per year.

Thanks for your interest in our article and good luck with your thesis.

Sincerely,

Linda B. Brown

University of Alberta Hospitals
Nursing Refresher Program Evaluation

I am beginning a survey of graduates from the University of Alberta Hospitals Nursing Refresher Program to gather information about career trends following successful completion of the program. This survey will provide the data for completion of my master's thesis in Adult and Higher Education.

I need to pre-test the questionnaire and would greatly appreciate your help with this pre-test. I am asking that you complete the attached questionnaire to Clinical Sciences Building 1-140, c/o Gloria McKee at your earliest convenience.

I would like your comments and suggestions on the following aspects of the questionnaire:

a. Were the questions clear and easily understood? Yes ( )
No ( )

If not, please identify which ones and why.
Please write on the questionnaire itself if you wish.

b. Approximately how long did the questionnaire take to complete? _____ minutes

c. Please specify any suggestions you may have for further questions.

d. Other comments.

Thank you in advance for your cooperation.
Yours truly,

Gloria Mckee, R.N.

NURSING REFRESHER PROGRAM EVALUATION

June, 1989

Dear Nursing Refresher Program Graduate:

My name is Gloria McKee and I am a graduate student in the Adult and Higher Education Program at the University of Alberta, Edmonton. In order to meet the thesis requirement I am conducting a follow-up study of Alberta Nursing Refresher Program graduates from 1987 and 1988. The purpose of this research study is to obtain information about the impact of the Nursing Refresher Program on your subsequent nursing career. I hope that the results of the study will encourage continued support of Nursing Refresher Programs in Alberta by decision makers.

I am requesting your assistance in filling out the attached questionnaire which should take approximately 15-20 minutes to complete. Your participation in this study is entirely voluntary; if you do not wish to participate please return the blank questionnaire to me.

Your replies will be confidential and no one will be identified without permission. Each questionnaire is randomly numbered by a research assistant to aid in follow-up procedures to increase the response rate, and only this number will be used to differentiate the response data for statistical analysis. There will be no mention of the names of the participants in the data analysis or discussion of results.

At this time, I request your permission to contact your first job supervisor following program completion regarding his/her perceptions of your level of preparation when you commenced employment (see the final page of the questionnaire). Supervisor responses will also be identified only by a code number to ensure confidentiality. Please fill out this questionnaire even if you choose not to grant permission to contact your supervisor.

Copies of the completed study will be available at the following libraries: Nursing Education and Research Department, University of Alberta Hospitals; Grant MacEwan Community College; Herbert Coutts Education Library, University of Alberta; and the Alberta Association of Registered Nurses.

Please return the questionnaire in the enclosed envelope by July 7, 1989. Thank you in advance for taking the time to complete and return the questionnaire.

Sincerely

Gloria McKee

NURSING REFRESHER PROGRAM EVALUATION

July, 1989

Dear Nursing Refresher Program Graduate:

This letter is a reminder that the follow-up study of Alberta Nursing Refresher graduates from 1987 and 1988 is currently underway. If you have not yet had the opportunity to complete the questionnaire I would appreciate a response from you. If you have already returned your questionnaire I would like to thank you for your participation.

Your participation will provide valuable information which will be helpful in future refresher program planning and in the completion of the thesis requirement for my Master of Education degree. If you require an additional copy of the questionnaire or have any questions please call me collect at (403) 430-7236. Thank you for your assistance.

Sincerely

Gloria McKee

NURSING REFRESHER PROGRAM EVALUATION

August, 1989

Dear Nursing Refresher Program Graduate:

Several weeks ago you received a questionnaire as part of a follow-up study of Alberta Nursing Refresher graduates from 1987 and 1988. Many of the questionnaires have been returned and I thank those who have kindly responded. I would still appreciate a response from those who, as yet, have not had the opportunity to complete the questionnaire.

As I stated in my last letter to you, your participation will provide valuable information which will be helpful in future refresher program planning and in the completion of my Master of Education thesis. I have enclosed an additional copy of the questionnaire along with a stamped self-addressed envelope for its return. If you have any questions please call me collect at (403) 430- 7236. Thank you for your anticipated assistance.

Sincerely

Gloria McKee

NURSING REFRESHER PROGRAM EVALUATION

June 12, 1989

Dear Supervisor:

My name is Gloria McKee and I am a graduate student in the Adult and Higher Education Program at the University of Alberta, Edmonton. In order to meet the research thesis requirement I am conducting a follow-up study of Alberta Nursing Refresher Program graduates from 1987 and 1988. The purpose of this research study is to obtain information regarding the impact of a Nursing Refresher Program on its graduates' first job selection and job performance following program completion. I hope that the results of the study will aid in program planning and continued program support by decision makers.

Your name was submitted to me by a refresher program graduate as her first job supervisor following program completion (see addendum to letter for graduate's name). I am requesting your assistance in filling out the attached questionnaire which should take approximately 15 minutes to complete.

All replies will be kept confidential in that only an identification number will be used to differentiate the response data for statistical analysis. There will be no mention of participant names in the data analysis or discussion of results. If you do not wish to participate in the study, please return the blank questionnaire to me.

The nursing refresher graduates have received a questionnaire which addressed employment information, demographic information, and their assessment of the value of the refresher program to their subsequent nursing career. The second part of the study consists of obtaining input and information from you.

Copies of the completed study will be available at the following libraries: Nursing Education and Research Department, University of Alberta Hospitals; Grant MacEwan Community College; Herbert Coutts Education Library, University of Alberta; and the Alberta Association of Registered Nurses.

Please return the questionnaire in the enclosed envelope by July 30, 1989. Thank you in advance for taking the time to complete and return the questionnaire.

Sincerely

Gloria McKee

Dear Ms.

The following named nurse has participated in the follow-up study of Alberta Nursing Refresher Program graduates from 1987 and 1988 and has given her consent to contact you regarding your perceptions of her level of preparation when she commenced employment with your agency.

Graduate's Name: _____

Date of Employment: _____

APPENDIX E

Graduate Questionnaire

Nursing Refresher Program Evaluation
Graduate Questionnaire
June, 1989

Office Use

Introduction

1-3

This questionnaire is divided into two sections. The first pertains to your nursing career since you successfully completed your nursing refresher program. The second asks you to identify some personal information related to your enrollment in the program and to your subsequent nursing career. This questionnaire is primarily concerned with your first nursing job following program completion. If you have not been employed in nursing since program completion please indicate this in question 1 and kindly return the questionnaire.

Section 1
Employment Information

1) What was your first employment status in nursing following refresher program completion? Please check all applicable items.

4,5

1) Full time ( )
2) Part time ( ) Regular ( ) Casual ( )
3) Student ( )
4) Not employed in nursing ( )

2) Upon completion of the refresher program did you initially experience difficulty finding suitable employment in nursing?

6

1) No ( )
2) Yes ( )

If yes, please specify _____

Office

3) What was your first place of employment in nursing following refresher program completion? 7,8

1) General hospital ( )
2) Rehabilitation convalescent hospital ( )
3) Extended care chronic hospital ( )
4) Psychiatric hospital ( )
5) Other type of hospital ( )
6) Home for the Aged ( )
7) Nursing home ( )
8) Public Health Agency ( )
9) Home Care/Visiting Care Agency ( )
10) Community Health Center ( )
11) Physician's Office, Family practice unit ( )
12) Educational Institution ( )
13) Other, not listed ( )

Please specify _____

4) If your first place of employment was a hospital, Home for the Aged, or Nursing home, please indicate its approximate number of beds. 9-12

_____ beds.

5) What position did you first hold in nursing following completion of the refresher program? 13,14

1) Director ( )
2) Associate/Assistant Director ( )
3) Supervisor/Co-ordinator ( )
4) Assistant Supervisor/Co-ordinator ( )
5) Clinical specialist ( )
6) Instructor/Professor ( )
7) Head Nurse ( )
8) General duty/Staff nurse ( )
9) Occupational Health, all positions ( )
10) Other, not listed ( )

Please specify _____

Office

6) What was your first field of practice in nursing following program completion?

a) Patient Care: please check main area of practice.

1) Medical/Surgical	( )	15,16
2) Maternal and Newborn	( )	
3) Psychiatric	( )	
4) Paediatrics	( )	
5) Geriatrics	( )	
6) Community health	( )	
7) Other patient care	( )	

Please specify _____

b) Administration:

8) Nursing education administration	( )	
9) Nursing service administration	( )	
10) Other administration	( )	
11) Teaching	( )	
12) Other, not listed	( )	

Please specify _____

Section 2

Information about yourself and your assessment of the value of the refresher program to your subsequent career.

7) What theoretical components if any, of the refresher program did you find most applicable to the first field of nursing in which you chose to practice following program completion?

1) Anatomy	( )	17
2) Physiology	( )	18
3) Pharmacology	( )	19
4) Parenteral fluid therapy	( )	20
5) Disease processes	( )	21
6) Body systems	( )	22
7) Other	( )	23

Please specify _____

Office

8) Were there any particular theoretical aspects you would have liked included which were not part of your refresher program?

1) Obstetrics	( )	24
2) Geriatrics	( )	25
3) Paediatrics	( )	26
4) Anatomy	( )	27
5) Physiology/ Pathophysiology	( )	28
6) Psychology	( )	29
7) Pharmacology/ Medication Administration	( )	30
8) Nursing Process	( )	31
9) Parenteral Fluid Therapy	( )	32
10) 'New' Technology	( )	33
11) Medical/ Surgical Nursing Concepts	( )	34
12) Relevant Reporting and/or Recording	( )	35
13) Other	( )	36

Please specify _____

9) What components if any, of the clinical practicum in your refresher program were most beneficial to you within the first six months of your first job following program completion?

1) Practice of skill/procedures	( )	37
2) Medication administration	( )	38
3) Interpersonal relationships	( )	39
4) Care of intravenous infusions	( )	40
5) Application of theory to patients' condition	( )	41
6) 'New' technology	( )	42
7) Nursing assessment skills	( )	43
8) Other	( )	44

Please specify _____

Office

10) What aspects of clinical practice, if any, would you have liked included, which were not part of your refresher program and which you would have found beneficial within the first six months of your first job following program completion?

1) Nursing assessment skills	( )	45
2) Equipment utilization/procedures	( )	46
3) Initiation and care of intravenous infusions	( )	47
4) Obstetrical nursing skills	( )	48
5) Paediatric nursing skills	( )	49
6) Long term care nursing skills	( )	50
7) Medical/Surgical nursing skills	( )	51
8) Leadership skills	( )	52
9) Other	( )	53

Please specify _____

11) After successfully completing the refresher program did you experience initial difficulties (within the first six months) practicing within the agency in which you first worked as a nurse?

1) No	( )	54
2) Yes	( )	

If yes, please check these difficulties:

1) Initial feelings of indadequacy	( )	55
2) Heavy workloads	( )	56
3) Administration of medications	( )	57
4) Interpersonal relationships	( )	58
5) Other	( )	59

Please specify _____

Would you please provide the following information:

12) How many years were you absent from nursing prior to enrolling in the refresher program?

1) 0-5	( )	60
2) 6-10	( )	
3) 11-15	( )	
4) 16-20	( )	
5) 21 or more	( )	

Office

13) How many years of nursing experience did you possess prior to enrolling in the refresher program? 61

1) 0-5 ( )
2) 6-10 ( )
3) 11-15 ( )
4) 16-20 ( )
5) 21 or more ( )

14) Age when enrolled in the refresher program: 62

1) 20-34 ( )
2) 35-44 ( )
3) 45-54 ( )
4) 55 years or over ( )

15) Marital status when enrolled in the refresher program: 63

1) Single ( )
2) Married ( )
3) Other ( )

Please specify if you wish _____

16) Type of institution from which you received your basic nursing education: 64

1) Hospital ( )
2) College ( )
3) University ( )
4) Combination of above ( )

17) What was your primary reason for deciding to take a refresher program?

1) Return to the workforce ( ) 65
2) Self improvement/ Self esteem ( ) 66
3) Reduce financial burden of family ( ) 67
4) Availability of refresher program close to home( ) 68
5) Improved salary in nursing ( ) 69
6) Requirement for B.Sc.N. ( ) 70
7) Other ( ) 71

Please specify _____

18. Any additional comments you may wish to make regarding your first job following completion of the refresher program would be welcomed.

IF I MAY HAVE YOUR PERMISSION TO CONTACT YOUR **FIRST** JOB SUPERVISOR FOLLOWING REFRESHER PROGRAM COMPLETION, PLEASE COMPLETE THE FOLLOWING:

Your name: _____

Date of employment: _____

Name of supervisor: _____

Employing Agency: _____

Address of Employing Agency: _____

APPENDIX F

Supervisor Questionaire

Nursing Refresher Program Evaluation
Supervisor Questionnaire
June, 1989

Office Use 1-3

Introduction

This questionnaire is designed to obtain information from employers of the 1987 and 1988 graduates of Alberta Nursing Refresher Programs. It asks questions related to the ability of these nursing refresher graduates to become contributing members of the health care team in your agency. The focus of this questionnaire is the refresher graduate's performance during the first six months of her employment with you.

1) What type of health care agency are you representing? 4,5

1) General hospital	( )
2) Rehabilitation, convalescent hospital	( )
3) Extended care chronic hospital	( )
4) Psychiatric hospital	( )
5) Other type of hospital	( )
6) Home for the Aged	( )
7) Nursing home	( )
8) Public health agency	( )
9) Home care/visiting care agency	( )
10) Community Health Center	( )

Please specify _____

2) If the agency is a hospital, Home for the Aged, or Nursing Home, please indicate its number of beds.

_____ beds. 6-9

2
Office Use

3) Did the refresher graduate appear to be prepared theoretically for nursing practice in your agency? (i.e. Did she possess sufficient knowledge base in areas such as anatomy, physiology, pharmacology, and pathophysiology?

1) Yes	( )	10
2) No	( )	

If no, please check the areas which were lacking in theoretical preparation:

1) Obstetrics	( )	11
2) Geriatrics	( )	12
3) Paediatrics	( )	13
4) Anatomy	( )	14
5) Physiology/ Pathophysiology	( )	15
6) Psychology	( )	16
7) Pharmacology/ Medication Administration	( )	17
8) Nursing Process	( )	18
9) Parenteral Fluid Therapy	( )	19
10) 'New' Technology	( )	20
11) Medical/ Surgical Nursing Concepts	( )	21
12) Relevant Reporting and/or Recording	( )	22
13) Other	( )	23

Please specify _____

4) Did the refresher graduate appear to be prepared clinically for nursing practice in your agency?

1) Yes	( )	24
2) No	( )	

If no, please check the areas which were lacking in clinical preparation:

1) Nursing assessment skills	( )	25
2) Equipment utilization/procedures	( )	26
3) Initiation and care of intravenous infusions	( )	27
4) Obstetrical nursing skills	( )	28
5) Paediatric nursing skills	( )	29
6) Long term care nursing skills	( )	30
7) Medical/ Surgical nursing skills	( )	31
8) Leadership skills	( )	32
9) Other	( )	33

Please specify _____

3
Office Use

5. Have you identified differences in the type of orientation program required of the refresher graduate as compared to other R.N.'s, within the first six months of employment?

1) Yes ( ) 34
2) No ( )

If yes, please check these differences:

1) Need more "one to one" supervision ( ) 35
2) Need longer orientation with more detail ( ) 36
3) Need less orientation ( ) 37
4) Other ( ) 38

Please specify _____

6. Have you identified any unique contributions which the refresher graduate makes to nursing practice in your agency?

1) Yes ( ) 39
2) No ( )

If yes, please check all applicable items:

1) Maturity ( ) 40
2) Initiative/Self motivation ( ) 41
3) Stability ( ) 42
4) Committment ( ) 43
5) Enthusiasm ( ) 44
6) Contribution of previous life experiences ( ) 45
7) Other ( ) 46

Please specify _____

7. Any additional comments you may wish to make regarding the refresher graduate's job performance during her first six months of employment would be welcomed.

APPENDIX G

Follow-up Evaluation - Graduate

UNIVERSITY OF ALBERTA HOSPITALS

NURSING EDUCATION AND RESEARCH

NURSING REFRESHER PROGRAM

FOLLOW-UP EVALUATION OF PROGRAM

To be completed by Refresher Graduate approximately six months following completion of Nursing Refresher Program.

Name of Graduate _____

Date of Completion of Program: _____

For the following 8 questions please circle the most accurate response.

1. How long have you been employed since completing the Nursing Refresher Program?

   a) less than 1 month.
   b) 1 - 3 months.
   c) 4 - 6 months.
   d) 7 - 12 months.
   e) over 12 months.

2. What is your employment status?

   (a) Full Time (b) Part Time (c) Casual

3. Where is your current area of employment?

   a) small active treatment hospital (less than 100 beds).
   b) larger active treatment hospital (more than 100 beds).
   c) extended care facility.
   d) community health agency.
   e) doctor's office/clinic.
   f) educational institution.
   g) occupational health.
   h) other _____.

4. What is your current primary role?

a) general duty nurse.
b) community health nurse.
c) office nurse.
d) occupational health nurse.
e) nursing instructor.
f) nursing administrator.
g) other _____

5. How long have you been employed in your current role.

a) less than 1 month.
b) 1 - 3 months.
c) 4 - 6 months.
d) over 12 months.

6. If you have been employed part time since graduating from the Refresher Program, how many shifts a month do/did you average?

a) less than 5.
b) 5 - 8.
c) 9 - 12.
d) over 12.

7. If you have not been employed in nursing since graduating from the Refresher Program, it is because:

a) unable to obtain employment in nursing.
b) family responsibilities.
c) not seeking employment in nursing.
d) other _____

8. I am keeping up with current trends in nursing through:

a) reading:

Canadian Nurse
Nursing '88
American Journal of Nursing
Other (Please specify)

b) attending workshops or conferences:
(please specify)

11. In general, for which three nursing activities did the Nursing Refresher Program best prepare you?

a)

b)

c)

10. For which three nursing activities were you least prepared?

a)

b)

c)

11. Listed below are <u>statements that describe the Nursing Refresher Course</u>. Using the following scale, circle the letter that indicates the degree to which you agree or disagree with each statement.

SD	D	N	A	SA
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

At the completion of the Nursing Refresher Program I had:

1.	an adequate theoretical base for my nursing practice.	SD	D	N	A	SA
2.	sufficient clinical experience to conduct safe nursing practice.	SD	D	N	A	SA
3.	sufficient clinical experience to feel comfortable as a beginning practicing registered nurse.	SD	D	N	A	SA
4.	developed skill in using the steps of the Nursing Process in my clinical practice.	SD	D	N	A	SA

General Comments:

APPENDIX H

Follow-up Evaluation - Supervisor

UNIVERSITY OF ALBERTA HOSPITALS

NURSING EDUCATION AND RESEARCH

Evaluation of Clinical Performance of Graduate of the Nursing Refresher Program

To be completed by immediate supervisor approximately six months following completion of Nursing Refresher Program.

GRADUATES NAME: _____

DATE OF COMPLETION OF PROGRAM: _____

Using the following scale, circle the letter that indicates the degree to which you agree or disagree with each statement.

SD	D	N	A	SA
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

1. Theoretical knowledge of the Nursing Refresher graduate is acceptable for safe practice. SD D N A SA

2. Technical skills of the Nursing Refresher graduate are acceptable for safe practice. SD D N A SA

3. The Nursing Refresher graduate assesses patient needs and is able to establish priorities to meet their needs. SD D N A SA

4. The Nursing Refresher graduate continues to improve his/her level of performance and expertise in meeting the needs of his/her patients. SD D N A SA

Comments:

5. For which three nursing activities was the Nursing Refresher graduate best prepared.

a)

b)

c)

Comments:

6. For which three nursing activities was the Nursing Refresher graduate least prepared.

a)

b)

c)

Comments:

July, 1988

APPENDIX I

Time Line

	Activity	Week(s)	Dates
1.	Proposal acceptance	1	May 15
2.	Pilot instruments	1- 3	
3.	Distribute graduate questionnaire	4	Jun 15
4.	Graduate questionnaire first follow-up	8	
5.	Distribute supervisor questionnaire	6-12	Jul 15
6.	Graduate questionnaire second follow-up	12	Aug 1
7.	Document analysis of existing records	8-12	Jun 15-Aug 15
8.	Data analysis	13-17	Aug 22-Sep 18
9.	Data interpretation and conclusions	17-27	Sep 18-Nov 27
10.	Complete thesis and submit to Committee	27-37	Nov 27-Feb 5
11.	Revisions	37-40	Feb 5 -Mar 9